


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90170 023 \*\*\*150.00

**DOCUMENT # P00000020755**

1. Entity Name  
**SPOTO'S PGA, INC.**



Principal Place of Business  
**5030 PGA BLVD  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**125 DATURA STREET  
WEST PALM BEACH FL 33401**



2. Principal Place of Business  
**4560 PGA Blvd**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens, FL**

City & State  
City & State

Zip  
**33418**

Country  
**P-B**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SPOTO, JOHN  
120 S. OLIVE AVE., STE 202  
WEST PALM BEACH FL 33401**

4. FEI Number  
**65-0991185**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PVD</b>	<input type="checkbox"/> Delete
NAME <b>SPOTO, JOHN</b>	
STREET ADDRESS <b>851 OKEECHOBEE BLVD APT 810</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>DALY, ELLEN M</b>	
STREET ADDRESS <b>2403 24TH WAY</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33407</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John v. Spoto</b>	
STREET ADDRESS <b>255 Evenria St # 905</b>	
CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	
TITLE <b>Vice president</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Ellen m. Daly</b>	
STREET ADDRESS <b>17626 130th Ave N.</b>	
CITY-ST-ZIP <b>Jupiter, FL 33478</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ellen Daly* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)