

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049426

1. Entity Name

PALM BEACH GREYHOUND KENNELS ASSOC., INC.

Principal Place of Business

1111 N CONGRESS AVENUE
WEST PALM BEACH FL 33409
US

Mailing Address

5340 NW 2ND AVENUE
A-530
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AGGANIS, ARTHUR
5340 NW 2ND AVENUE
A-530
BOCA RATON FL 33487

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AGGANIS, ARTHUR W	
STREET ADDRESS	5340 NW 2ND AVENUE, A-530	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HABER, MITCH	
STREET ADDRESS	2426 QUEEN STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES DOUGLAS,	
STREET ADDRESS	1161 NEW PARKVIEW PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAM T. DAVIDSON,	
STREET ADDRESS	1074 FERNLEA DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, STEVE	
STREET ADDRESS	10648 MISTY LANE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE MARRIOTT	
STREET ADDRESS	10648 MISTY LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
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 checked="" type="checkbox"/> Addition
NAME	BERNIE McLENNON	
STREET ADDRESS	1244 12TH FAIRWAY	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Jan 9 2001

Date

Daytime Phone #

561-702-8301

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90169 007 ***150.00

00000434



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0425659

Applied For ☐
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)