

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062795

1. Entity Name

PALM BEACH CHICKEN, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90079 050 \*\*\*558.75

Principal Place of Business

Mailing Address

2889 10TH AVE N  
 SUITE 303  
 LAKE WORTH FL 33461  
 US

PO BOX 32845  
 PALM BEACH GARDENS FL 33420-2845  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0435531

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLTON, THOMAS A  
 11944 LAKE SHORE PLACE  
 N PALM BEACH FL 33408

Name

BOLTON, THOMAS A.

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

11944 LAKE SHORE PLACE

City

N. PALM BEACH, FL

Zip Code

33408

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME LIEM, ROBERT K.T.  
 STREET ADDRESS 2889 10TH AVE. NORTH, SUITE 303  
 CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
 NAME BOLTON, TOM  
 STREET ADDRESS 11944 LAKE SHORE PLACE  
 CITY-ST-ZIP NORTH PALM BEACH FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
 NAME BACCHUS, ALBAN  
 STREET ADDRESS 2889 10TH AVENUE NORTH SUITE 301  
 CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
 NAME KOO, VICTOR  
 STREET ADDRESS 4415 WOODFIELD BLVD  
 CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

THOMAS A BOLTON, VP

05/30/2000 561-624-6022

Date

Daytime Phone #

CR2E034 (9/99)