2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000025021** Feb 22, 2000 8:00 am 1. Entity Name G & R BILLIARDS OF PALM BEACH, INC. **Secretary of State** -22-2000 90053 017 ***150.00 Mailing Address Principal Place of Business 2625 N. MILITARY TRAIL 1680 NW 99 AVE WEST PALM BCH FL 33409 PLANTATION FL 33324-2109 3. Mailing Address 2. Principal Place of Business 10906 Blackhawk St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FFI Number City & State 65-0568375 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen ROSS, GARY Street Address (P.O. Box Number is Not Acceptable) 5 1680 NW 99 AVE PLANTATION FL 33322 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. **PSTD** ☐ Addition TITLE ☐ Delete TITLE ROSS, GARY NAME 10906 Blackhawk St. 1680 NW 99 AVE STREET ADDRESS STREET ADDRESS Plantation FL 33324 CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP Delete TITLE ROSS, MARJORIE NAME 10906 Blackhawk St. Plantation FC 33324 NAME 1680 NW 99 AVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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