

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095224

1. Entity Name

THE TAVERN OF PALM BEACH, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90019 034 ***150.00

Principal Place of Business

Mailing Address

C/O LAWRENCE RAFFERTY
500 MAMARONECK AVE., STE. 209
HARRISON NY 10528

C/O LAWRENCE RAFFERTY
500 MAMARONECK AVE., STE. 209
HARRISON NY 10528-1600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1311 MAMARONECK AVE.

3. Mailing Address

1311 MAMARONECK AVE.

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

140

City & State

WHITE PLAINS, NY

City & State

WHITE PLAINS, NY

Zip

10605

Country

Zip

10605

Country

4. FEI Number

65-0967733

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

KENNEDY, PATRICIA
251 ROYAL PALM WAY
PALM BEACH FL 33480

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

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	D	<input type="checkbox"/> Delete
NAME	RAFFERTY, LAWRENCE	
STREET ADDRESS	149 KENSINGTON RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1311 MAMARONECK AVENUE #140	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN P. SPRAGUE	
STREET ADDRESS	1311 MAMARONECK AVE. #140	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
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		

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

STEPHEN P. SPRAGUE

Date

2/7/00

Daytime Phone #

CR2E034 (9/99)