

DOCUMENT # V04583

1. Entity Name

CENTER FOR CORPORATE LEADERSHIP, INC.

Principal Place of Business

4400 PGA BLVD
STE 800
PALM BEACH GARDENS FL 33410
US

Mailing Address

C/O ROBERT N HOCHBERG, PRES
201 EL DORADO LANE
PALM BEACH FL 33480-3057
US

2. Principal Place of Business

220 ONONDAGA AVE

Suite, Apt. #, etc.

3. Mailing Address

220 ONONDAGA AVE

Suite, Apt. #, etc.

City & State

PALM BEACH, FL 33480

City & State

PALM BEACH, FLORIDA

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0305421

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOCHBERG, ROBERT N
201 EL DORADO LANE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

HOCHBERG, ROBERT N.

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

220 ONONDAGA AVE

City

PALM BEACH

FL

Zip Code

33480

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

ROBERT N. HOCHBERG

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/00

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

TITLE P
NAME HOCHBERG, ROBERT N
STREET ADDRESS 201 EL DORADO LANE
CITY-ST-ZIP PALM BEACH FL 33480

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME HOCHBERG, ROBERT N.
STREET ADDRESS 220 ONONDAGA AVE.
CITY-ST-ZIP PALM BEACH, FL 33480

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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:

ROBERT N. HOCHBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/00

Daytime Phone #

561/254-2500

CR2E034 (9/99)