

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90013 016 ****61.25

DOCUMENT # 765353

1. Entity Name

FLORIDA PRESS CLUB, INC.

R

Principal Place of Business

Mailing Address

**PALM BEACH POST
 2751 SO DIXIE HWY
 W PALM BCH FL 33405
 US**

**2751 S DIXIE
 WEST PALM BEACH FL 33405-1233
 US**

00000300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KEEFER, CHARLES
 2751 S. DIXIE HWY.
 WEST PALM BEACH FL 33405**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
BALLET, FRED
 STREET ADDRESS **1825 COLLIER PKWY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
AZMITIN, ROBERT
 STREET ADDRESS **3391 SW 20TH CT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
KEEFER, CHARLES
 STREET ADDRESS **2751 S DIXIE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
KIRCHER, RALF
 STREET ADDRESS **1303 RORDON AVE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME **D**
SHARON QUINN
 STREET ADDRESS **P.O. Box 490**
 CITY-ST-ZIP **OCALA, FL 34478**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES KEEFER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2000

561-820-4409

Date

Daytime Phone #

CR2E037 (9/99)