

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N26944**

1. Entity Name  
**PALM BEACH COUNTY FOLK CLUB, INC.**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90018 033 \*\*\*\*61.25

Principal Place of Business  
**7110 GEORGIA AVE.  
WEST PALM BCH FL 33405  
US**

Mailing Address  
**7110 GEORGIA AVE.  
~~691 SNEAD CIRCLE~~  
WEST PALM BCH FL 33405-4556  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0149937**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KALGERT, JOHN S  
7110 GEORGIA AVE.  
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KALGERT, JOHN S	
STREET ADDRESS	7110 GEORGIA AVE.	
CITY-ST-ZIP	W. PALM BCH FL 33405	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOOMEY, LEANORA	
STREET ADDRESS	140 WELLINGTON H.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEINMAN, HARVEY	
STREET ADDRESS	3178 VIA POINCIANA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAWSON, DONALD	
STREET ADDRESS	5863 CAYMAN CIRCLE WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John S. Kalgert* **JOHN S. KALGERT** Date: **1/11/00** Daytime Phone #: **561-592-7022**

CR2E037 (9/99)