

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90002 005 ****61.25

DOCUMENT # N26944

1. Entity Name

PALM BEACH COUNTY FOLK CLUB, INC.

LA

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
 US

ADD 7/13/01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 WELLINGTON ST

3. Mailing Address

Suite, Apt. #, etc.

H

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33417

Country

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 **LEANORA TOOMEY**
 Street Address (P.O. Box Number is Not Acceptable)
140 WELLINGTON H
 City **WEST PALM BEACH, FL** Zip Code **33417**

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

John Kalgert

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

(NOTE: Registered Agent signature required when reinstating)

7/9/1

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KALGERT, JOHN S	
STREET ADDRESS	7110 GEORGIA AVE.	
CITY-ST-ZIP	W. PALM BCH FL 33405	
TITLE	PD PD	<input type="checkbox"/> Delete
NAME	TOOMEY, LEANORA	CHANGE
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	5883 CAYMAN CIRCLE WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALGERT, JOHN S	
STREET ADDRESS	7110 GEORGIA AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE REQUIRED

7/9/1

CR2E037 (5/01)