

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90108 012 ****61.25

DOCUMENT # 706331

1. Entity Name

ORTH SHORE BEACH CLUB INC

Principal Place of Business

**118 DOLPHIN ROAD
 PALM BEACH FL 33480**

Mailing Address

**118 DOLPHIN ROAD
 PALM BEACH FL 33480**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2498634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CROSSEN, JOSEPH F
 118 DOLPHIN ROAD
 PALM BEACH FL 33480**

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

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

TITLE **TD** ☐ Delete
 NAME **CROSSEN, JOSEPH F**
 STREET ADDRESS **118 DOLPHIN ROAD**
 CITY-ST-ZIP **PAM BEACH FL 33480**

TITLE **PD** ☐ Delete
 NAME **WILKEY, JERRY**
 STREET ADDRESS **111 REEF ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VD** ☐ Delete
 NAME **JANIS, ANDI**
 STREET ADDRESS **111 SEAGATE ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **SD** ☐ Delete
 NAME **PANGIA, ISABEL**
 STREET ADDRESS **135 SEAGATE ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

treasurer

2-27-02 561-626-2778

CR2E037 (9/01)