

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90024 024 ****61.25

DOCUMENT # 721966

1. Entity Name

THE BENT PALM CLUB, INC.

Principal Place of Business

935 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176

Mailing Address

935 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1386959

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

COYLE, ELAINE W
 935 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name Keith C Brunner
 Street Address (P.O. Box Number is Not Acceptable) 935 Ocean Shore Blvd., #106
Ormond Beach, FL 32176
 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

Keith C Brunner

4/5/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>R T</u> SPEAR, ROBERT 6600 NEWBURGH ROAD EVANSVILLE IN 47715	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> STUDER, DENNIS 935 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> DUNCAN, BUELL 1200 COUNTRY LANE ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST S</u> BARRY, MARGARET 30 WALBROOKE AVE. STATEN ISLAND NY 10301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> WEBSTER, G. DAVIS 1250 DARTMOUTH CT. ALEXANDRIA VA 22314	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> GREENOUGH, P 1098 ABERDEEN RD. STOW OH 44224	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> HATCHER, MARION PO BOX 945255 MAITLAND, FL 32794	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> ADAMS, EDWIN 3401 HELTON WOOD COLUMBUS, GA 31906	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> TAFT, JOHN 70 PINE HILLS DR PINE CITY, NY 14871	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> COYLE, ELAINE 935 Ocean Shore Blvd #107 ORMOND BEACH, FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 386-441-2006

Date

Daytime Phone #

CR2E037 (10/00)