2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90430 032 ****61.25

DOCUMENT # 721966

1. Entity Name

THE BENT PALM CLUB, INC.

Principal Place of Business	Mailing Address
935 OCEAN SHORE BLVD ORMOND BEACH FL 32176	935 OCEAN SHORE BLVD ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1386959 ☐ Applied For ☐ Not Applicable

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
BRUNNER, KEITH C 935 OCEAN SHORE BLVD #106 ORMOND BEACH FL 32176	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 Keith C Brunner, C.A.M. 4-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
KEITH C. BRUNNER

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPEAR, ROBERT 6600 NEWBURGH ROAD EVANSVILLE IN 47715	☐ Delete	D Coyle, Elaine 935 Ocean Shore Blvd #107 Ormond Beach, FL 32176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HATCHER, MARION P.O BOX 945255 MAITLAND FL 32794	☐ Delete	VP Hatcher, Marion 908 Alba Dr. Orlando, FL 32804	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, BUELL 1200 COUNTRY LANE ORLANDO FL 32804	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARRY, MARGARET 30 WALBROOKE AVE. STATEN ISLAND NY 10301	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, EDWIN 3401 HELLTON WOOD COLUMBUS GA 31906	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAFT, JOHN 70 PINE HILLS DR. PINE CITY NY 14871	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Margaret Barry SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #