

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90132 039 \*\*\*\*61.25

**DOCUMENT # 750571**

1. Entity Name

**SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB**

Principal Place of Business

12765 W. FOREST HILL BLVD. #1302  
 WELLINGTON FL 33414

Mailing Address

12765 W. FOREST HILL BLVD. #1302  
 WELLINGTON FL 33414

2. Principal Place of Business

12785-C Forest Hill Blvd.

3. Mailing Address

12785-C Forest Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

59-1990866

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NELSON, MICHAEL

12765 W. FOREST HILL BLVD. #1302  
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

John Newsome

Street Address (P.O. Box Number is Not Acceptable)

40 Wellington Management, Inc.

12785-C Forest Hill Blvd.

City

Wellington

FL

Zip Code

33414

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

2-12-01

**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	DVP HAYES, ROY 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS FIRESTONE, MATT 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANIO, SAL 11809 POLO CLUB RD W. PALM BCH FL 33414-7269	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEE, CRAIG 11809 POLO CLUB RD W. PALM BCH FL 33414-7269	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, GLENN 11809 POLO CLUB RD W. PALM BCH FL 33414-7269	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NELSON, MICHAEL H. 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01

Date

Daytime Phone #

CR2E037 (10/00)