

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753807

1. Entity Name

HUTCHINSON ISLAND BEACH CLUB, INC.

Principal Place of Business

1274 NE BUSINESS PARK PL
JENSEN BCH. FL 34957
US

Mailing Address

P. O. BOX 65
JENSEN BCH. FL 34958
US

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

59-2198065

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

FORTE, LORRAINE
1274 BUSINESS PARK PL
JENSEN BEACH FL 34957

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | IMMERMAN, ARTHUR | |
| STREET ADDRESS | 2051 NE OCEAN BLVD UNIT C-14 | |
| CITY-ST-ZIP | STUART FL 34996 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | BRAY, BERNICE | |
| STREET ADDRESS | 9800 S OCEAN BLVD | |
| CITY-ST-ZIP | JENSEN BEACH FL 34957 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | KOST, NANCY | |
| STREET ADDRESS | 9800 SOUTH A1A | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FINK, JAMES | |
| STREET ADDRESS | 9950 S OCEAN DR 1530 | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | CARPENTIER, TONY | |
| STREET ADDRESS | 9800 S OCEAN BLVD | |
| CITY-ST-ZIP | JENSEN BCH. FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lerro, DANIEL | |
| STREET ADDRESS | 9800 S. Ocean Dr. #314 | |
| CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lundstrum Christopher | |
| STREET ADDRESS | 9800 S. Ocean Dr. #102 | |
| CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gray, Bernice | |
| STREET ADDRESS | 9800 S. Ocean Dr | |
| CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AMEEN, Richard | |
| STREET ADDRESS | 9800 S. Ocean Dr. #402 | |
| CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| 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 life empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2001

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90053 009 ****61.25

JUN 1 2001



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)