

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756847

1. Entity Name

BERMUDA HIGH BEACH AND TENNIS CLUB, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90130 037 \*\*\*\*61.25

Principal Place of Business <b>2150 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6446</b>	Mailing Address <b>2150 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6450</b>
---	---

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 <b>59-2059929</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

<b>PARKER, LINDA R 2150 S. OCEAN BLVD. DELRAY BEACH FL 33483</b>
--

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
-----------	---	--	------

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD BANTIVOLGLIO, THOMAS 2150 S. OCEAN BLVD., APT. 1-F DELRAY BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CAMPBELL, NICHOLAS T 2150 S OCEAN BLVD. #6-F DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD, TD Campbell, Nicholas T. 2150 S. Ocean Blvd. # 6-F Delray Beach, FL 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD OWEN, FRANCES V 2150 S OCEAN BLVD. #4-E DELRAY BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS PARKER, LINDA 2150 S. OCEAN BLVD. DELRAY BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Banner, Susan 2150 S. Ocean Blvd. # 3-C Delray Beach, FL 33483</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Greenhut, Steven 2115 S. Ocean Blvd. # 1 Delray Beach, FL 33483</b> <input type="checkbox"/> Change <input checked="" 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: <b>SIGNATURE REQUIRED</b>	Date <b>4-6-00</b>	Daytime Phone # <b>561-272-0307</b>
--------------------------------------	--------------------	-------------------------------------

CR2E037 (9/99)