

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758035**

1. Entity Name

HIDDEN WATERWAY CLUB, INC.

Principal Place of Business

Mailing Address

888 N FED HWY
LAKE WORTH FL 33462888 N FED HWY
LAKE WORTH FL 33462

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

59-2783802

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, E J
100 WATERWAY DR S
APT 110
LANTANA FL 33462

7. Name and Address of New Registered Agent

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

TITLE PD
NAME HUTCHINS, ERNEST J
STREET ADDRESS 100 WATERWAY DR S
CITY-ST-ZIP LANTANA FL 33462 ☐ DeleteTITLE D
NAME MIDDLEMAN, GORDON
STREET ADDRESS 890 N. FEDERAL HWY
CITY-ST-ZIP LANTANA FL 33462 ☐ DeleteTITLE D
NAME LASCH, LOUIS E JR
STREET ADDRESS 2200 WATERWAY DR S
CITY-ST-ZIP LANTANA FL 33462 ☐ DeleteTITLE D
NAME WEDDLETON, RICHARD
STREET ADDRESS 300 WATERWAY DR S
CITY-ST-ZIP LANTANA FL 33462 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 REQUIRED

ERNEST J. HUTCHINS

1/22/01

561-586-6395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90520 014 ****61.25

C0024487

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)