

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98097

1. Entity Name

UNIVERSITY CLUB OF WEST PALM BEACH, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 008 ***150.00

I. Principal Place of Business

Mailing Address

3030 LBJ FRWY 700
P.O. BOX 819087
DALLAS TX 75381

3030 LBJ FRWY 700
P.O. BOX 819087
DALLAS TX 75381-9087



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 **75-1844319**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	HOWE, DOUGLAS	
STREET ADDRESS	3030 LBJ FRWY 700	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	VD	☐ Delete
NAME	LARGENT, DAVE	
STREET ADDRESS	3030 LBJ FRWY 700	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	T	☐ Delete
NAME	TAYLOR, RON	
STREET ADDRESS	3030 LBJ FRWY 700	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	S	☐ Delete
NAME	HENSLEE, THOMAS	
STREET ADDRESS	3036 LBJ FRWY	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ron Taylor **Ron Taylor** 1-17-2000 972-242-6091

CR2E034 (9/99)