

Amended

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008099

1. Entity Name

Frenchman's Reserve Country Club, Inc.

FILED

02 OCT -2 AM 8: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700008341797--5
-10/11/02--01084--004
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12750 Alternate A1A

3. Mailing Address
3103 Philmont Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State
Huntingdon Valley, PA

4. FEI Number 56-2290261

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
19006

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System

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

1200 South Pine Island Road

City Plantation

FL Zip Code 33324

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 *Connie Bryan, Special Asst. Secy* 10-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Donnelly, D/P 5300 W. Atlantic Avenue, Suite 300 Delray Beach, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald Blum, D/V 5300 W. Atlantic Avenue, Suite 300 Delray Beach, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Fordham, D/S/T 16100 One Mile Road Delray Beach, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Blum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Blum, Vice President

(561) 637-8890

Date

Daytime Phone #

CR2E037B (12/01)