

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

0050160

**DOCUMENT # N96000002766**

1. Entity Name

**BALLANTRAE YACHT CLUB, INC.**

03-05-2001 90008 021 \*\*\*\*61.25

Principal Place of Business <b>1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL 33409</b>	Mailing Address <b>1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3325 SE Ballantree Blvd</b>	3. Mailing Address <b>4000 S. 57th Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 101</b>
City & State <b>Port St. Lucie, FL</b>	City & State <b>Lake Worth, FL</b>
Zip <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0685494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BRANNOCK, G. STEVEN**  
**1800 S. AUSTRALIAN AVE., STE. 400**  
**WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent  
 Name: **Property Management Resources**  
 Street Address (P.O. Box Number is Not Acceptable): **4000 S. 57th Ave**  
**Suite 101**  
 City: **Lake Worth, FL** Zip Code: **33463**

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: ~~Ralph R. Hintz~~ **Ralph R. Hintz as President Property Mgmt. Resources**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **2/19/01**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HALL, PAUL 4000 SE PINE VALLEY PORT SAINT LUCIE FL 34952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST WINN, ELIZABETH A 4000 S.E. PINE VALLEY PORT ST LUCIE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV RAPAPORT, JON 4000 SE PINE VALLEY PORT SAINT LUCIE FL 34952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Ed Callis 1523 SE Prestwick Ln. Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DUP Mark Rhodes 1646 SE Ballantree Blvd. N. Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Richard Worth 2234 SE Montrose Ln. Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Carol Hanson 3509 SE Charing Cross Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Robert Burr 2011 SE Kilmallie Ct. Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **Ed Callis** **03-01-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)