

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90208 011 ****61.25

DOCUMENT # N96000002766

1. Entity Name

BALLANTRAE YACHT CLUB, INC.

Principal Place of Business

Mailing Address

**3325 SE BOLLONTRAE
 PORT ST. LUCIE FL**

**4000 S. 57TH AVE
 SUITE 101
 LAKE WORTH FL 33463**

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

65-0685494

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

**PROPERTY MANAGEMENT RESOURCES
 4000 S. 57TH AVE
 SUITE 101
 LAKE WORTH FL 33463**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP CALLIS, ED**
 STREET ADDRESS **4520 CE PRESTWICK LN** →
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS **2019 SE OXTON DR**
 CITY-ST-ZIP

TITLE Delete
 NAME **DUP RHODES, MARK**
 STREET ADDRESS **1646 SE BALLANTRAE BLVD N**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT WORTH, RICHARD**
 STREET ADDRESS **2234 SE MONTROSE LN**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS HANSON, CAROL**
 STREET ADDRESS **3509 SE CHARING CROSS**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BURN, ROBERT**
 STREET ADDRESS **2011 SE KILMALLIE CT**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Handwritten Signature]* **561-335-9033**
 DATE: **1-22-02**

CP2E037 (9/01)