

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90007 025 ****70.00

DOCUMENT # N96000002881

1. Entity Name

UNITED STATES CROQUET ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11558 POLO CLUB RD.
 WEST PALM BEACH FL 33414

11558 POLO CLUB RD.
 WEST PALM BEACH FL 33414-6062

2. Principal Place of Business

11558 POLO CLUB RD

3. Mailing Address

11558 POLO CLUB RD



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

"B"

Suite, Apt. #, etc.

"B"

City & State

WELLINGTON FL

City & State

WELLINGTON FL

4. FEI Number

13-2970598

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

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

[Handwritten 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MAHONEY, DANIEL J. III	234 EL BRILLO	PALM BEACH FL 33480	<input type="checkbox"/>
D	BIDENCOPE, DAMON	2500 MONTROSE CT	CHARLOTTE NC 28207	<input type="checkbox"/>
D	BRACKETT, RICHARD	245 E. 63RD ST., #32C	NEW YORK NY 10021	<input type="checkbox"/>
S	ROBINSON, ANNE FROST	21 VINCENT AVENUE	ONTARIO CA LOS I	<input type="checkbox"/>
D	HUGHES, JAMES H.U.	238 OLD KENNETT RD.	KENNETT SQUARE PA 19348	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/20/00 X (961) 753-9141
 Date Daytime Phone #