## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # N9600002881 1. Entity Name 05-17-2001 90397 009 \*\*\*\*70.00 UNITED STATES CROQUET ASSOCIATION, INC. Principal Place of Business Mailing Address 11558 POLO CLUB RD. 11558 POLO CLUB RD-766592 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address 60 700 RORIDA MANGORO 700 FLORIDA MANGO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 13-2970598 NRST Not Applicable Seach: Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33406 3-401 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. **SUITE 3000** Zip Code **MIAMI FL 33131** FL 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. 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE Change : ☐ Addition **D**elete RICHARD BRACKETT. NAME MAHONEY, DANIEL J. III NAME 245 E, 6320 St. #32C STREET ADDRESS STREET ADDRESS 234 EL BRILLO NEW YORK, CITY-ST-7IP CITY-ST-ZIE PALM BEACH FL 33480 TITLE D ☐ Defete TITLE Change Addition NAME BIDENCOPE, DAMON NAME STREET ADDRESS 2500 MONTROSE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28207** ☐ Delete TITLE TITLE Change Addition WILLIAM DUNCAN NAME BRACKETT, RICHARD NAME RITCKFROWT PLAZA STREET ADDRESS 245 E. 63RD ST., #32C STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10021** TITLE Delete TITI F ☐ Addition NAME ROBINSON, ANNE FROST NAME STREET ADDRESS 21 VINCENT AVENUE STREET ADDRESS CITY-ST-ZIP **ONTARIO CA LOS I** CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition HUGHES, JAMES H.U. NAME NAME STREET ADDRESS STREET ADDRESS 238 OLD KENNETT RD. CITY-ST-ZIP CITY-ST-ZIP **KENNETT SQUARE PA 19348** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: