

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90180 004 ****70.00

DOCUMENT # N96000002881

1. Entity Name

UNITED STATES CROQUET ASSOCIATION, INC.

Principal Place of Business

Mailing Address

700 FLORIDA MANGO RD
 WEST PALM BEACH FL 33406

700 FLORIDA MANGO RD
 WEST PALM BEACH FL 33406

304141

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

13-2970598

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

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

Name

RICHARD L BRACKETT

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

2156 WIGHTMAN DR

City

WELLINGTON

FL

Zip Code

33414

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

Richard L Brackett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	BIDENCOPE, DAMON	
STREET ADDRESS	2500 MONTROSE CT.	
CITY-ST-ZIP	CHARLOTTE NC 28207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BRACKETT, RICHARD	
STREET ADDRESS	245 E. 63RD ST., #32C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, ANNE FROST	
STREET ADDRESS	21 VINCENT AVENUE	
CITY-ST-ZIP	ONTARIO CA LOS I	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, WILLIAM	
STREET ADDRESS	1 RIVERFRONT PLAZA	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD CURTIS	
STREET ADDRESS	97 HARPER STREET	
CITY-ST-ZIP	ROCHESTER, NY 14607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2156 WIGHTMAN DR	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE	
STREET ADDRESS	←	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Richard L Brackett* **4/22/02** **(212) 759-6967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR