2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am s Secretary of State

04-09-2001 90031 002 ****61.25

DOCUMENT#	N9800000519	g
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1. Entity Name

BALLENISLES COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

100 BALLENISLES CIRCLE

100 BALLENISLES CIRCLE

PALM BEACH GARDENS FL 33416 FALM BEACH GARDENS FL 33416								*				
									III AANK ISNI BA	 	B) 194 188	
2. Principal Place of Business			3. Mailing Addre	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State City & State							4. FEI Numbe	CE OOCCEO	4	Ар	plied For	
2 · · ·	The second secon			- 12		NAL "E E	65-086650			t Applicable		
Zip		Country	Zip		Country		5. Certificate	of Status Desired		8.75 Add ee Required	itional I	
	6. Name	and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent							
GARY, JOHN ESQ.				Name Street Address (P.O. Box Number is Not Acceptable)								
	HIGHWAY											
NORTH PALM BEACH FL 33408				City				FL	Zip Code)		
9. The above	named ontit	y submits this statement	for the purpose of cha	naina its reais	tered office o	r registere	ed agent, or hot	h in the state of Fl	lorida.			
o. The above	named emily	y Submits this statement	for the purpose of the	inging its regio	norda omico o	109.000	od agork, or oor	.,			i	
į	Č											
SIGNATURE.	<u> </u>	<u> </u>					1 1 1 1 1 1 1 1		DATE			
	Signature, typed	or printed name of registered age	nt and title if applicable.	(NUTE: Regis	stered Agent signat	nie iednied	wrien reinstaurig)					
							_	8.6.1	Obsale D			
FILE NOW: 9. Election Campaign Fit FILE NOW: Trust Fund Contribution					9 \$5.00 May Be Make Check Payable □ Added to Fees Department of Stat							
	FEE IS	\$61.25	i doct di	a continuation.	_	Added	10 1 505	,	spai tillelit	JI JIGIC		
10.		OFFICERS AND D	DIRECTORS	1	11.	Α	DDITIONS/CHA	ANGES TO OFFICE	ERS AND DIR	ECTORS IN	10	
TITLE	CPT		□ De	lete	TITLE ${\cal D}$	0.		R R	_	Change	Addition	
NAME	DAVIDSON, ROY H				NAME	SAX	TON	- 11 AV	٤			
STREET ADDRESS	OOO DALLELIA IOCEO DIA				STREET ADDRESS	SALTON GEORGE 270 ISLE WAY PALM BEACHGARDENS, FZ						
CITY-ST-ZIP		ACH GARDENS FL 3			CITY-ST-ZIP	TAL	M BUA	CHOMIN	באל בנגש			
TITLE	VD	A V/A IF	□ De	1010	TITLE					Change	Addition	
NAME STREET ADDRESS	or work with the				name Street address :			مے سیماری کا ا	~	. ~		
CITY-ST-ZIP		ACH GARDENS FL 3			CITY-ST-ZIP						l.	
TITLE	SD	ACT GAIDENOTE OF	Z (10	lete	TITLE_S D					☐ Change	Addition	
NAME	TIFFANY,	JOHN	٠. عمر		NAME	10/2	Lin	MANDE	R MA	/		
STREET ADDRESS		en isles dr		[;	STREET ADDRESS	120	RIAZ	TO DRIL	VE ~		_	
CITY-ST-ZIP	PALM BE	ACH GARDENS FL 33	3418	- 1	CITY-ST-ZIP	Boy	NTON	PANDE, TO DRIL BUY FL	, 33	436		
TITLE	D		□ De	elete	TITLE			,	•	Change	☐ Addition	
NAME	PRIOR, T				NAME						,	
STREET ADDRESS		\ BLVD #1011			STREET ADDRESS							
CITY-ST-ZIP		ACH GARDENS FL 3			CITY-ST-ZIP						- Lance	
TITLE	D D	ור ממאטרו	□ De		TITLE					Change	☐ Addition	
NAME STREET ADDRESS		ICHARD H RALD KEY LANE			name Street address							
CITY-ST-ZIP		ACH GARDENS FL 3:	3418		CITY-ST-ZIP							
TITLE	D	AUT WHIDEITO FE O			TITLE					☐ Change	☐ Addition	
NAME		SON, RICHARD D	i De		NAME							
STREET ADDRESS		ORGE PLACE			STREET ADDRESS							
CITY-ST-ZIP		ACH GARDENS FL 3	3418		CITY-ST-ZIP						1	

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:

SIGNATURE AND TYPED OR PATHED NAME OF SIGNING OFFICER OR DIRECTOR