

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90074 003 \*\*\*550.00

**DOCUMENT # P93000031107**

1. Entity Name  
**INVERRARY RESORT & HOTEL CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3501 INVERRARY BLVD. LAUDERHILL FL 33319-5999	Mailing Address 100 W. CYPRESS CREEK RD SUITE 700 FT. LAUDERDALE FL 33309 US
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2. Principal Place of Business	3. Mailing Address 7601 East Treasure Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1700
City & State	City & State North Bay Village, Florida
Zip	Zip 33141
Country	Country USA

4. FEI Number 65-0406095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENSPOON, GERALD**  
**GREENSPOON, MARDER, HIRSCHFELD & RAFKIN**  
**100 W. CYPRESS CREEK ROAD, STE. 700**  
**FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name  
Evelyn Sims, Grandview Palace

Street Address (P.O. Box Number is Not Acceptable)  
7601 E. Treasure Drive, Suite 1700

City  
North Bay Village

State  
FL

Zip Code  
33141

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.

*Note - Signature of new agent to be mailed in separately*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE DPS <input checked="" type="checkbox"/> Delete	NAME GAMEL, JOEL
STREET ADDRESS 20355 N.E. 34 CT., PENTHOUSE	CITY-ST-ZIP AVENTURA FL
TITLE VPT <input type="checkbox"/> Delete	NAME SHARABY, ELLIOTT
STREET ADDRESS 3409 FALLSTAFF ROAD	CITY-ST-ZIP BALTIMORE MD 21215
TITLE AVP <input checked="" type="checkbox"/> Delete	NAME GREENSPOON, GERALD
STREET ADDRESS 100 WEST CYPRESS CREEK ROAD	CITY-ST-ZIP FT. LAUDERDALE FL
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Charles C Edwards
STREET ADDRESS 3907 Greenway	CITY-ST-ZIP Baltimore, Md 21218
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 9/7/00 DAYTIME PHONE #: (410) 764-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)