

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # 317630**1. Entity Name
PALM BEACH NATIONAL GOLF AND COUNTRY CLUB, INC.Principal Place of Business
7500 ST ANDREWS ROAD
LAKE WORTH FL 33467
Mailing Address
7500 ST ANDREWS ROAD
LAKE WORTH FL 33467

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
59-1165141
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICH, ROBERT E.
7500 ST. ANDREWS ROAD

LAKE WORTH FL 33460 US

7. Name and Address of New Registered Agent

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 **ROBERT E. RICH**

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

(NOTE: Registered Agent signature required when reinstating)

04/16/2001

DATE

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 SD
NAME RICH DAVID A ☐ Delete
STREET ADDRESS 1145 NIAGARA ST
CITY-ST-ZIP BUFFALO NYTITLE CD
NAME RICH ROBERT E ☐ Delete
STREET ADDRESS 7500 ST. ANDREWS RD
CITY-ST-ZIP LAKE WORTH FLTITLE PD
NAME RICH ROBERT EJ R ☐ Delete
STREET ADDRESS 1145 NIAGARA ST
CITY-ST-ZIP BUFFALO NYTITLE T
NAME HADDAD JAMES ☐ Delete
STREET ADDRESS 1145 NIAGARA STREET
CITY-ST-ZIP BUFFALO NYTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T ☒ Change ☐ Addition
NAME SEGARRA JOSEPH
STREET ADDRESS 1145 NIAGARA STREET
CITY-ST-ZIP BUFFALO NYTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **ROBERT E. RICH, JR.**

PD

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)