2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

0032966

05-13-2002 90040 006 ****70.00

DOCUMENT # N48448

1. Entity Name

THE GENTLEMEN OF THE GARDEN, INC.

Principal Place of Business	Mailing Address
2000 PALM BEACH LAKES BLVD.. #300 WEST PALM BEACH FL 33409 US	2000 PALM BEACH LAKES BLVD.. #300 WEST PALM BEACH FL 33409 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0352074 — 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
WHITE, JOHN III 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	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 _____

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

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 PD NAME CAMERON-HAYES, J C STREET ADDRESS 223 QUEENS LANE CITY-ST-ZIP PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME RAWLS, GLENN STREET ADDRESS 259 BARCELONA ROAD CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME WHITE, JOHN II STREET ADDRESS 1645 PALM BEACH LAKES BLVD., STE 12000 CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME DEGRAY, WILLIAM STREET ADDRESS 110 SEAGATE CITY-ST-ZIP PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME TODD, JOHN STREET ADDRESS 250 POTTER ROAD CITY-ST-ZIP WEST PALM BEACH FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D. NAME KOONS, JEFF STREET ADDRESS 201 LINDA LANE CITY-ST-ZIP WEST PALM BEACH FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Pages 4/26/02 561 686 1968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E037 (9/01)