

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90064 048 ***150.00

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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 Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICH, ROBERT E.
7500 ST. ANDREWS ROAD
LAKE WORTH FL 33460**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **1150 T** ☐ Delete
STREET ADDRESS **SEGARRA, JOSEPH**
CITY-ST-ZIP **1145 NIAGARA STREET
BUFFALO NY**

TITLE
NAME **Assistant Secretary** ☐ Change ☐ Addition
STREET ADDRESS **Jill K. Bond**
CITY-ST-ZIP **1150 Niagara St.
Buffalo, NY 14213**

TITLE
NAME **1150 PD** ☐ Delete
STREET ADDRESS **RICH, ROBERT E JR**
CITY-ST-ZIP **1145 NIAGARA ST
BUFFALO NY**

TITLE
NAME **Assistant Secretary** ☐ Change ☐ Addition
STREET ADDRESS **William E. Grieshaber, Jr.**
CITY-ST-ZIP **1150 Niagara St.
Buffalo, NY 14213**

TITLE
NAME **CD** ☐ Delete
STREET ADDRESS **RICH, ROBERT E**
CITY-ST-ZIP **7500 ST. ANDREWS RD
LAKE WORTH FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **1150 SD** ☐ Delete
STREET ADDRESS **RICH, DAVID A**
CITY-ST-ZIP **1145 NIAGARA ST
BUFFALO NY**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Assistant Treasurer** ☐ Delete
STREET ADDRESS **John P. Dougherty**
CITY-ST-ZIP **1150 Niagara St
Buffalo, NY 14213**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Assistant Secretary** ☐ Delete
STREET ADDRESS **maureen O. Hunkley**
CITY-ST-ZIP **1150 Niagara St
Buffalo, NY 14213**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 title empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

716-878-8909
Daytime Phone #

CR2E034 (10/02)