2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 132308 Feb 02, 2000 8:00 am **Secretary of State** THE EVERGLADES CLUB, INC. 02-02-2000 90112 036 ***150.00 Mailing Address Principal Place of Business 356 WORHT AVE 356 WORHT AVE PALM BEACH FL 33480-4617 PALM BEACH FL 33480 912210 2. Principal Place of Business 3. Mailing Address AVIE WORT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0198160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANNEY, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 356 WORTH AVE. PALM BEACH FL 33480 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME PANNILL, WILLIAM G. NAME STREET ADDRESS STREET ADDRESS 4 SOUTH LAKE TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BCH, FL 00000 33480 Addition ☐ Change Delete TITLE TITLE MADDOCK, PAUL NAME MADDOCK, BLUD NAME TERRY, ROBERT L. STREET ADDRESS STREET ADDRESS 137 KINGS ROAD CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP Change" ☐ Delete TITLE -HILE? NAME ALBAN, JAMES C. NAME STREET ADDRESS **400 WORTH AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 0 Addition TDAG ☐ Delete TITLE TITLE CLAGGETT, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 235 CHILIAN CITY-ST-ZE CITY-ST-ZIP PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP