

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90036 041 ***150.00

DOCUMENT # 140184

1. Entity Name
THE BREAKERS PALM BEACH, INC.

Principal Place of Business Mailing Address
THE BREAKERS HOTEL, SOUTH COUNTY ROAD **THE BREAKERS HOTEL, SOUTH COUNTY ROAD**
PALM BEACH FL 33480 **PALM BEACH FL 33480**
US **US**

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 **59-0246320** 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

LEONE, PAUL N.
C/O THE BREAKERS HOTEL
ONE SOUTH COUNTY ROAD
PALM BEACH FL 33480

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CTD**
 STREET ADDRESS **KENAN, JAMES G. III**
 CITY-ST-ZIP **212 BARROW RD**
LEXINGTON KY

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **CHANDRA, ATEH H**
 CITY-ST-ZIP **1688 BREAKERS WEST BLVD**
WEST PALM BEACH FL 33411

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

TITLE ☐ Delete
 NAME **VTS**
 STREET ADDRESS **GILMURRAY, ALEX P**
 CITY-ST-ZIP **13412 CHELMSFORD STREET**
WEST PALM BEACH FL

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **LEONE, PAUL N**
 CITY-ST-ZIP **ONE S COUNTY RD**
PALM BEACH FL

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BURKE, DAVID**
 CITY-ST-ZIP **2770 TECUMSEH DR**
WEST PALM BEACH FL 33409

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

TITLE ☐ Delete
 NAME **VDP**
 STREET ADDRESS **KENAN, OWEN G**
 CITY-ST-ZIP **1011 PINEHURST DRIVE**
CHAPEL HILL NC

TITLE ☐ 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 or without other like empowered.

SIGNATURE: **Paul N. Leone** 2/6/02 561-655-6611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/01)