2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

01-16-2002 90054 031 ****61.25
07-28-2002 90184 001 ***488.75
07-28-2002 90184 002 ****61.25

DOCUMENT # 140566

1. Entity Name
EMBASSY CORPORATION

Principal Place of Business	Mailing Address
2 FOUR ARTS PLZ PALM BEACH FL 33480 US	2 FOUR ARTS PLZ PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

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 59-0294178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGAN, ERVIN S
2 FOUR ARTS PLZ
PALM BEACH FL 33480

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. 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

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 $550.00
After September 13, 2002 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIXON, EUGENE F. JR 320 EL VEDADO ROAD PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BAKER, HOLLIS M. 185 WOODRIDGE ROAD PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REYNOLDS, WILEY R. 291 EL VEDADO ROAD PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUBELMANN, WILLIAM 235 S COUNTY RD ROOM 4 PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: SIGNATURE REQUIRED 7-18-02 561-655-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 140566

1. Entity Name

EMBASSY CORPORATION

Attachment 9 1 sheet

[redacted]

Principal Place of Business	Mailing Address
2 FOUR ARTS PLZ PALM BEACH FL 33480 US	2 FOUR ARTS PLZ PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

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 59-0294178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGAN, ERVAN S (misspelled first name "Ervin"
2 FOUR ARTS PLZ
PALM BEACH FL 33480

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ CHAIRMAN ~~DIXON, EUGENE F. JR~~ DIXON, JR. FITZ EUGENE ~~320~~ EL VEDADO ROAD 220 El Vedado Road PALM BEACH FL	☐ Delete	Vice Chairman Barry Hoyt 133 Banyan Road Palm BEach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BAKER, HOLLIS M. 185 WOODRIDGE ROAD PALM BEACH FL	☒ Delete	Vice Chairman DAvid Scaff 159 Seaspray Ave Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REYNOLDS, WILEY R. 291 EL VEDADO ROAD PALM BEACH FL	☒ Delete	Vice Chairman Mrs. Robert Grace 126 Seagrape Circle ~~Palm Beach, FL 33480~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUBELMANN, WILLIAM ~~295 S COUNTY RD ROOM 4~~ 1 N. Clematis #320 ~~PALM BEACH FL 33480~~ West Palm Beach, FL	☐ Delete	Treasurer Henry P. McIntosh, IV 124 Via Bethesda ~~Palm Beach, FL 33480~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	33401	☐ Delete	SEE BOX 1, SECTION 11. SEE BOX 4, SECTION 11.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED 1-8-02 561-655-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Fitz Eugene Dixon, Jr.

Attachment

#140566

THE SOCIETY OF THE FOUR ARTS

July 9, 2002

To Whom It May Concern:

Last year we completed the UBR Report for the Embassy Corporation and changed several officers and directors. I am sending you a copy of the changes again, since they were never implemented at your office.

Thank you,

Kathy Mardambek

Kathy Mardambek
Finance Director

2 FOUR ARTS PLAZA • PALM BEACH, FL 233480 • 561/655-7227