

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-16-02 90054031 \$61.25
01-13-2003 90797 001 88.75
140566
FILED 02-04-02 90467 002 \$86.75

DOCUMENT # 140566

1. Entity Name
EMBASSY CORPORATION



FILED 02-04-02 90467 002 \$86.75
CLERK OF THE STATE
DIVISION OF CORPORATIONS

03 FEB -6 PM 2:33

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

Mailing Address
2 FOUR ARTS PLZ
PALM BEACH FL 33480
US

55000974



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

DUGGAN, ERYAN S ERVIN (misspelled)
2 FOUR ARTS PLZ
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. 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 - 61.25 - CREDIT = 88.75 Due

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	PD	☐ Delete
NAME	DIXON, EUGENE F JR	
STREET ADDRESS	320 EL VEDADO ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	☒ Delete
NAME	BAKER, HOLLIS M.	
STREET ADDRESS	185 WOODRIDGE ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	☒ Delete
NAME	REYNOLDS, WILEY R.	
STREET ADDRESS	291 EL VEDADO ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	☐ Delete
NAME	GUBELMANN, WILLIAM	
STREET ADDRESS	295 S COUNTY RD ROOM 1 N. Clematis St.	
CITY-ST-ZIP	PALM BEACH FL 33480 West Palm Beach, FL 33401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BARRY HUYT VD	☐ Change ☒ Addition
NAME	133 Banyan Road	
STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP		
TITLE	Dudley Moore VD	☐ Change ☒ Addition
NAME	220 El Bravo	
STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP		
TITLE	David Scaff VD	☐ Change ☒ Addition
NAME	159 Seaspray Ave	
STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP		
TITLE	JOHN Schuler VD	☐ Change ☒ Addition
NAME	200 Jungle Road	
STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Henry P. McIntosh	☐ Change ☒ Addition
NAME	Treasurer	
STREET ADDRESS	124 Bethesda	
CITY-ST-ZIP	Palm Beach, FL 33480	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.7.03

Date

Daytime Phone #

CR2E034 (10/02)