

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 034 ***150.00

DOCUMENT # **305029**

1. Entity Name

MODEL LAND COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Breakers Palm Beach, Inc

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ONE SOUTH COUNTY RD.
Palm Beach, FL**

Zip

Country

Zip

Country

33480

US

4. FEI Number

26-0305029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul N. LEONE

Street Address (P.O. Box Number is Not Acceptable)

**CP The Breakers Hotel
ONE SOUTH COUNTY RD.**

City

Palm Beach

FL

Zip Code

33480

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	C
NAME	KENAN, JAMES G. III
STREET ADDRESS	212 BARROW Rd.
CITY-ST-ZIP	Lexington, KY
TITLE	DVC
NAME	KENAN OWEN G.
STREET ADDRESS	1011 PINEHURST Dr.
CITY-ST-ZIP	Chapel Hill, NC
TITLE	ST
NAME	GILMURRAY, Alex
STREET ADDRESS	13412 Chelmsford St.
CITY-ST-ZIP	West Palm Beach, FL
TITLE	P
NAME	LEONE, Paul N.
STREET ADDRESS	ONE S. County Rd.
CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Paul N. LEONE 2/06/02 561-655-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)