

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90053 046 ***150.00

DOCUMENT # 311666

1. Entity Name

THE AMBASSADOR SOUTH DEVELOPMENT CORP.

Principal Place of Business

**2774 S. OCEAN BLVD.
PALM BEACH FL 33480**

Mailing Address

**2774 S. OCEAN BLVD.
PALM BEACH FL 33480**

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

59-1205161

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

**MCDONALD, JACK, ESQ.
2875 S OCEAN BLVD.
PALM BCH FL 33480**

Name

Becker & Poliakoff, P. A.

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

500 Australian Ave. South

9th Floor

City

West Palm Beach

FL

Zip Code

33401

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, other (insisting))

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	P	☐ Delete
NAME	WALDMAN, JANE	
STREET ADDRESS	2774 S. OCEAN BLVD. #404	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	☒ Delete
NAME	SAFRO, ABRAHAM	
STREET ADDRESS	2774 S. OCEAN BLVD. #102	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	☐ Delete
NAME	WORTMAN, RUTH	
STREET ADDRESS	2774 S. OCEAN BLVD #512	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	T	☐ Delete
NAME	ALLEN, MATTHEW	
STREET ADDRESS	2774 S. OCEAN BLVD. #304	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ Delete
NAME	BIENER, MARTIN	
STREET ADDRESS	2774 S. OCEAN BLVD. #802	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☒ Delete
NAME	LAMPERT, ELINOR	
STREET ADDRESS	2774 S. OCEAN BLVD #101	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	VP	☐ Change ☒ Addition
NAME	Robert R. Hunt	
STREET ADDRESS	2774 S. Ocean Blvd. #605	
CITY-ST-ZIP	Palm Beach, FL 33480	☐ Change ☐ Addition
TITLE	D	☐ Change ☒ Addition
NAME	Muriel Schiller	
STREET ADDRESS	2774 S. Ocean Blvd. #211	
CITY-ST-ZIP	Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE	D	☐ Change ☒ Addition
NAME	Irv Stuart	
STREET ADDRESS	2774 S. Ocean Blvd. #205	
CITY-ST-ZIP	Palm Beach, FL 33480	☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)