

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90048 045 \*\*\*150.00

**DOCUMENT # 321933**

1. Entity Name

**FLAGLER HOTELS OF THE BAHAMAS, INC.**

Principal Place of Business

Mailing Address

**THE BREAKERS HOTEL ONE SOUTH COUNTY ROAD  
 PALM BEACH FL 33480  
 US**

**THE BREAKERS HOTEL ONE SOUTH COUNTY ROAD  
 PALM BEACH FL 33480  
 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 **59-1208515**

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

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, 2000 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CTD	KENAN, III, JAMES G.	212 BARROW ROAD	LEXINGTON KY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVC	KENAN, OWEN G.	1011 PINEHURST CR	CHAPEL HILL NC	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SAT	GILMURRAY, ALEX	13412 CHELMSFORD ST	WEST PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KIRK JR, GARRETT	320 E 72ND ST 5C	NEW YORK NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	LEONE, PAUL N	ONE S COUNTY RD	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KENAN, THOMAS S.	106 LAUREL HILL CIRCLE	CHAPEL HILL NC	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

*Paul N. Leone*

2/25/00 (561)655-6661

Date

Daytime Phone #

CR05031 (0/00)