

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90070 015 ***150.00

DOCUMENT # 437659

1. Entity Name

PALM BEACH GOLF ESTATES, INC.

Principal Place of Business

**521 MUIRFIELD DR
 ATLANTIS FL 33462**

Mailing Address

**521 MUIRFIELD DR
 ATLANTIS FL 33462**

00030600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2176 JOG RD.
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 541359
 Suite, Apt. #, etc.**

City & State

GREENACRES, FL

City & State

LAKE WORTH, FL

4. FEI Number

59-1485167

Applied For

Not Applicable

Zip

33415

Country

PALM BCH

Zip

33454

Country

PALM BCH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAUCH, HARRY
 521 MUIRFIELD DR
 LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name

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

1985 SOUTH MILITARY TRAIL

City

WEST PALM BEACH

FL

Zip Code
33415

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

TITLE **PD** ☐ Delete
 NAME **RAUCH, HARRY**
 STREET ADDRESS **521 MUIRFIELD DR.**
 CITY-ST-ZIP **LANTANA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2176 JOG RD.**
 CITY-ST-ZIP **GREENACRES, FL, 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

561 357 8884

Daytime Phone #