

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90067 006 ***150.00

DOCUMENT # 447118

1. Entity Name
LOST TREE CLUB, INC.

| | |
|--|--|
| Principal Place of Business LOST TREE VILLAGE NORTH PALM BEACH FL 33408 | Mailing Address LOST TREE VILLAGE NORTH PALM BEACH FL 33408 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-1556454 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
**REGISTER, MARTHA S
 11520 LOST TREE WAY
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HALL, CHARLES R | |
| STREET ADDRESS | LOST TREE VILLAGE | |
| CITY-ST-ZIP | NORTH PALM BCH FL 33408 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HARNETT, JOSEPH D | |
| STREET ADDRESS | LOST TREE VILLAGE | |
| CITY-ST-ZIP | N PALM BEACH FL 33408 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FAWCETT, DWIGHT W | |
| STREET ADDRESS | LOST TREE VILLAGE | |
| CITY-ST-ZIP | NORTH PALM BCH FL 33408 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | SCHMITT, EUGENE F | |
| STREET ADDRESS | LOST TREE VILLAGE | |
| CITY-ST-ZIP | N PALM BCH FL 33408 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CLARE, DAVID R | |
| STREET ADDRESS | LOST TREE VILLAGE | |
| CITY-ST-ZIP | N PALM BEACH FL 33408 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Fawcett, Dwight W. | |
| STREET ADDRESS | Lost Tree Village | |
| CITY-ST-ZIP | North Palm Beach, FL 33408 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mullaney, Richard R. | |
| STREET ADDRESS | Lost Tree Village | |
| CITY-ST-ZIP | North Palm Beach, FL 33408 | |
| TITLE | Asst. Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Folley, Clyde H. | |
| STREET ADDRESS | Lost Tree Village | |
| CITY-ST-ZIP | North Palm Beach, FL 33408 | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ghesquiere Jr., Charles J. | |
| STREET ADDRESS | Lost Tree Village | |
| CITY-ST-ZIP | North Palm Beach, FL 33408 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph D. Harnett Joseph D. Harnett 4/13/00 (561)626-1501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #