

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90066 050 ***150.00

45 REC-30

DOCUMENT # 447118
 1. Entity Name
LOST TREE CLUB, INC.

Principal Place of Business Mailing Address
LOST TREE VILLAGE **LOST TREE VILLAGE**
NORTH PALM BEACH FL 33408 **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 Applied For
59-1556454 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REGESTER, 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 **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, 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	P	<input type="checkbox"/> Delete
NAME	FAWCETT, DWIGHT W	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	<input checked="" 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	MULLANEY, RICHARD R	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOLLEY, CLYDE H	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GHEsqUIERE, CHARLES J JR	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	NORTH 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Dwight W. Fawcett* DWIGHT W. FAWCETT 1/11/02 (561) 626-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)