

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90101 048 ***150.00

DOCUMENT # 462638

1. Entity Name
FLAGLER PROPERTIES, INC.

Principal Place of Business Mailing Address
THE BREAKERS HOTEL. ONE S. COUNTY ROAD **THE BREAKERS HOTEL. ONE S COUNTY RD**
PALM BEACH FL 33480 **PALM BEACH FL 33480**
US **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 **59-2255835** 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.
% THE BREAKERS HOTEL
ONE SOUTH COUNTY RD
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 _____ (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, 2001 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	CTD	<input type="checkbox"/> Delete
NAME	KENAN, JAMES G., III	
STREET ADDRESS	212 BARROW ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KENAN, OWEN G.	
STREET ADDRESS	1011 PINEHURST DRIVE	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, JAMES C	
STREET ADDRESS	2865 HOWELL MILL RD NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SAT	<input type="checkbox"/> Delete
NAME	GILMURRAY, ALEX	
STREET ADDRESS	13412 CHELMSFORD ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENAN, THOMAS S. III	
STREET ADDRESS	106 LAUREL HILL CIRCLE	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEONE, PAUL N	
STREET ADDRESS	ONE S COUNTY RD	
CITY-ST-ZIP	PALM BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" 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	ST	<input checked="" 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: Paul N. Leone 2/13/01 561-655-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)