## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2002 8:00 am Secretary of State **DOCUMENT # 707072** 1. Entity Name 03-05-2002 90053 050 \*\*\*\*61.25 POMPANO LODGE INC Principal Place of Business Mailing Address 800 PINE DRIVE 800 PINE DRIVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERRY, GEORGE C. 800 PINE DR #11 POMPANO BEACH FL 33060 8. The above named entity submits this statement for the purpose of changing its registered office or register 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE ASIMUT, CHARLES NAME NAME STREET ADDRESS 800 PINE DR APT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33060 VPD Addition ☐ Delete TITLE ☐ Change TITLE HART, DAVID NAME NAME 800 PINE DR. #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL 33060 CITY: ST-7IP TD TITLE ☐ Change ☐ Addition TITLE □ Delete MACGREGOR, ANITA NAME NAME STREET ADDRESS STREET ADDRESS 800 PINE DRIVE., #48 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Change ☐ Addition TITLE ☐ Delete TITLE ROBERTS, CHRISTINE NAME NAME 800 PINE DR #4# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33060 ☐ Delete TITLE Change ☐ Addition TITLE LABILLOIS, GERRY NAME NAME STREET ADDRESS STREET ADDRESS 800 PINE DR #2 POMPANO BCH FL 33060 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TD TITI F TITLE LA POINTE, ANDRE NAME NAME

I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

800 PINE DR #10

POMPANO BEACH FL 33060

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP