

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728154

1. Entity Name

COLONY BEACH & TENNIS CLUB ASSOCIATION, INC.

Principal Place of Business

1620 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Mailing Address

% STEPHEN J. MITCHELL
P.O. BOX 3433
TAMPA FL 33601-3433

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

59-1519496

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

KLAUBER, MURRAY J.
1620 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME HILLIER, COLSON
STREET ADDRESS 41 WILD DUCK ROAD
CITY-ST-ZIP WILTON CT 06897

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD
NAME LAMONT, JOHN
STREET ADDRESS 1527 PRARIE
CITY-ST-ZIP AURORA IL 60506

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME GRAHAM, HENRY
STREET ADDRESS 6736 N AVERS AVE
CITY-ST-ZIP LINCOLNWOOD IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME ZIZZA, SAL
STREET ADDRESS 1 GRACE SQUARE, 10TH FLOOR
CITY-ST-ZIP NEW YORK NY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME DORFMAN, LANA
STREET ADDRESS 1490 ST CLARE
CITY-ST-ZIP MONTEREAL QU

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90016 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)