

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90081 006 ****61.25

DOCUMENT # 740763

1. Entity Name

SEVEN SPRINGS OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 541273
LAKE WORTH FL 33454

P.O. BOX 541273
LAKE WORTH FL 33454
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

59-1846692

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

GELFAND, MICHAEL ESQ
ONE CLEARLAKE CENTER
250 AUSTRALIAN AVE SUITE 1010
WEST PALM BEACH FL 33401

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DICKEY, RANDALL 6375C SEVENSPRINGS BLVD LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWEGEL, HARRY 6315 A SEVEN SPRINGS BLVD LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, ANTONIO 6375 D SEVE SPRINGS BLVD LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TACK, JILL 6322 C SEVEN SPRINGS BLVD LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARELL, MATTHEW A 6375 A SEVEN SPRINGS BLVD LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wade Wojtylko 6363-e Seven Springs Blvd Lake Worth FL 33463	☐ 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 #

Michael Schwegel **REQUIRE** *H. Schwegel, VP* 01/23/02 561/432-1827

CR2E037 (9/01)