

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90039 044 ****70.00

DOCUMENT # 744838

1. Entity Name

PALM BEACH POLO AND COUNTRY CLUB PROPERTY OWNERS

Principal Place of Business

12875-C FOREST HILL BLVD
 WELLINGTON FL 33414
 US

Mailing Address

12785-C FOREST HILL BLVD
 WELLINGTON FL 33414
 US

2. Principal Place of Business

11199 POLO CLUB ROAD
 Suite, Apt. #, etc.

3. Mailing Address

11199 POLO CLUB ROAD
 Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

59-1877090

Applied For

Not Applicable

Zip

33414

Country

Zip

33414

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~NEWSOME, JOHN
 12785-C FOREST HILL BLVD
 WELLINGTON FL 33414~~

7. Name and Address of New Registered Agent

Name **CRAIG T. GALLE**
 Street Address (P.O. Box Number is Not Acceptable) **11199 Polo Club Road**
 City **WELLINGTON** FL Zip Code **33414**

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 *Craig T. Galle*, **CRAIG T. GALLE** **JAN. 22, 2000**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLE, CRAIG	
STREET ADDRESS	11809 POLO CLUB RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, CALIXTO	
STREET ADDRESS	11809 POLO CLUB ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREELY, TAMMY	
STREET ADDRESS	11809 POLO CLUB ROAD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAL SPANO	
STREET ADDRESS	11809 POLO CLUB ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OCONNOR, TIM	
STREET ADDRESS	11809 POLO CLUB ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK WELSH	
STREET ADDRESS	11199 POLO CLUB RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD SKINNER	
STREET ADDRESS	11199 POLO CLUB RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Craig T. Galle*, **CRAIG T. GALLE** **1/22/00** **(561) 798-7033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)