

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744838

Entity Name
PALM BEACH POLO AND COUNTRY CLUB-PROPERTY OWNERS

Principal Place of Business Mailing Address
11199 POLO CLUB RD 11199 POLO CLUB RD
WELINGTON FL 33414 WELINGTON FL 33414
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 59-1877090 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLE, CRAIG
11199 POLO CLUB RD
WELINGTON FL 33414

7. Name and Address of New Registered Agent

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 *Craig T. Galle* 7/13/01
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	WELINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, CALIXTO	
STREET ADDRESS	11809 POLO CLUB ROAD	
CITY-ST-ZIP	WELINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELSH, JACK	
STREET ADDRESS	11199 POLO CLUB RD	
CITY-ST-ZIP	WELINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAL SPANO	
STREET ADDRESS	11809 POLO CLUB ROAD	
CITY-ST-ZIP	WELINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, HAROLD	
STREET ADDRESS	11199 POLO CLUB RD	
CITY-ST-ZIP	WELINGTON FL 33414	
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		<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		

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* 11/23/01 56-1877113

FILED

01 NOV 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2EC037 (10/00)