## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 747493**

Entity Name: THE HAMLET COUNTRY CLUB, INC.

FILED Apr 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3600 HAML DELRAY BI	.ET DRIVE EACH, FL 3344	45					
Current Mailing Address:				New Mailing Address:			
3600 HAML DELRAY BI	.ET DRIVE EACH, FL 334	45					
FEI Number:	59-1907133	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
REIBMAN, SHELDON N 255 HAMLET DRIVE DELRAY BEACH, FL 33445				GRAYSON, ANN 3620 OAKVIEW COURT DELRAY BEACH, FL 33445			
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registered of	ffice or registered agent, or both,	
SIGNATURE: ANN GRAYSON				04/15/2002			
	Electronic	Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	s:	
Title: Name: Address: City-St-Zip:	D (X) I REIBMAN, SHEL 255 HAMLET DR DELRAY BEACH	IVE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () [ NEWMAN, TED 4633 OAK TREE DELRAY BEACH			Title: Name: Address: City-St-Zip:	D (X) GRAYSON, ANN 3620 OAKVIEW DELRAY BEACH	COURT	
Title: Name: Address: City-St-Zip:	VD () E WEIL, SHELLY 925 GREENSWA DELRAY BEACH			Title: Name: Address: City-St-Zip:	VD (X) WEIL, CATHY 925 GREENSW DELRAY BEACH		
Title: Name: Address: City-St-Zip:	PD () E LISS, STANLEY 3533 PINE LAKE DELRAY BEACH			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BOHRER, ROBE	E CIRCLE WEST		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LURIE, JOSÈPH	Delete E CIRCLE WEST , FL 33445		Title: Name: Address: City-St-Zip:	SOLOW, GIL	Change () Addition DE CIRCLE EAST H, FL 33445	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN GRAYSON D 04/15/2002