2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-14-2003 90762 007 ****70.00

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DOCUMENT # 747493

1. Entity Name
THE HAMLET COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
3600 HAMLET DRIVE DELRAY BEACH FL 33445	3600 HAMLET DRIVE DELRAY BEACH FL 33445

☐ CHECK HERE IF MAKING CHANGES

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 59-1907133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAYSON, ANN
3620 OAKVIEW COURT
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name SHELDON REIBMAN
Street Address (P.O. Box Number is Not Acceptable) 255 HAMLET DRIVE
City DELRAY BEACH FL Zip Code 33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 4-7-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAYSON, ANN 3620 OAKVIEW COURT DELRAY BEACH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REIBMAN, SHELDON 255 HAMLET DRIVE DELRAY BEACH FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEIL, CATHY 925 GREENSWARD LANE DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LISS, STANLEY 3533 PINE LAKE CT DELRAY BEACH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAFTEL, TANIA 3541 PINE LAKE COURT DELRAY BEACH FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOHRER, ROBERT 701 LAKEWOODE CIRCLE WEST DELRAY BEACH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEWMAN, TED 4633 OAK TREE COURT DELRAY BEACH FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOLOW, GIL 646 LAKEWOODE CIRCLE EAST DELRAY BEACH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POLLAK, LEN 225 OAKVIEW DRIVE DELRAY BEACH FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: X SIGNATURE REQUIRED 4-7-03 561-498-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #