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

FILED
Apr 28, 2003 8:00 am
Secretary of State

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04-14-2003 90762 007 ****70.00

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
GRAYSON, ANN 3620 OAKVIEW COURT DELRAY BEACH FL 33445	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	D ☑ Delete	TITLE D	S ☐ Change ☑ Addition
NAME	GRAYSON, ANN	NAME	REIBMAN, SHELDON
STREET ADDRESS	3620 OAKVIEW COURT	STREET ADDRESS	255 HAMLET DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VD ☐ Delete	TITLE D	P ☑ Change ☐ Addition
NAME	WEIL, CATHY	NAME	
STREET ADDRESS	925 GREENSWARD LANE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	
TITLE	PD ☑ Delete	TITLE D	V ☐ Change ☑ Addition
NAME	LISS, STANLEY	NAME	HAFTEL, TANIA
STREET ADDRESS	3533 PINE LAKE CT	STREET ADDRESS	3541 PINE LAKE COURT
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	TD ☑ Delete	TITLE D	T ☐ Change ☑ Addition
NAME	BOHRER, ROBERT	NAME	NEWMAN, TED
STREET ADDRESS	701 LAKEWOODE CIRCLE WEST	STREET ADDRESS	4633 OAKTREE COURT
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VD ☑ Delete	TITLE D	V ☐ Change ☑ Addition
NAME	SOLOW, GIL	NAME	POLLAK, LEN
STREET ADDRESS	646 LAKEWOODE CIRCLE EAST	STREET ADDRESS	225 OAKVIEW DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #