

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756847

1. Entity Name

BERMUDA HIGH BEACH AND TENNIS CLUB, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90130 037 ****61.25

Principal Place of Business 2150 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6446	Mailing Address 2150 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6450
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2059929	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PARKER, LINDA R
2150 S. OCEAN BLVD.
DELRAY BEACH FL 33483

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BANTIVOLGLIO, THOMAS <input checked="" type="checkbox"/> Delete 2150 S. OCEAN BLVD., APT. 1-F DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete CAMPBELL, NICHOLAS T 2150 S OCEAN BLVD. #6-F DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete OWEN, FRANCES V 2150 S OCEAN BLVD. #4-E DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS <input type="checkbox"/> Delete PARKER, LINDA 2150 S. OCEAN BLVD. DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Campbell, Nicholas T. 2150 S. Ocean Blvd. # 6-F Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Banner, Susan 2150 S. Ocean Blvd. # 3-C Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Greenhut, Steven 2115 S. Ocean Blvd. # 1 Delray Beach, FL 33483

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: SIGNATURE REQUIRED 4-6-00 561-272-0307
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)