## **2003 NOT-FOR-PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 770760**

1. Entity Name

THE PRESIDENT COUNTRY CLUB, INC.

|--|

## **FILED** Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90107 023 \*\*\*\*61.25

2300 PRESIDE	ee of Business NTIAL WAY JEACH FL 33401	Mailing Address 2300 PRESIDENTIAL WAY WEST PALM BEACH FL 334	01					
			=					
2. Principal P	Place of Business	3. Mailing Address	<del></del> -					<b>\$</b> \$1 <b>1</b> \$1011 \$ <b>\$40</b> 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>			CHECK HERE IF I	MAKING CHANGES	6
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 50	-2348388	<del></del> +	pplied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	□ \$8.75 Ac	
			<u></u>	·			Fee Requir	ed
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Add	ress of New Hegi	stered Agent	
MARK, M	IANNY		Ohra a h A	JJ (D	O Barris N			
2400 PRI	ESIDENTIAL WAY #504		Street	daress (P.	O. Box Number is N	iot Acceptable)		
WEST PA	ALM BEACH FL 33401					•		
	•		City		· <del></del>		FL Zip Cod	de
	named entity submits this statement for	the purpose of changing its r	egistered office of	r registere	d agent, or both, in t	the State of Florida	a. I am familiar with	, and accept
the obligat	ions of registered agent.							
SIGNATURE .								
SIGNATIONE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signat	ure required w	hen reinstating)	,	DATE	
ě I	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			\$5.00 May Be		Check Payable	
						Elarida	Danarimant of	Ctata
		nastrana se	onstoodon.	<b>」</b> ,	Added to Fees	Florida	Department of	State
10.	OFFICERS AND DIRE	ECTORS	11.	AI	Added to Fees  DDITIONS/CHANGE		AND DIRECTORS II	N 10
TITLE	PD		11.	PD AI	ODITIONS/CHANGE			
TITLE NAME	PD LEFF, DAVID	ECTORS	11. TITLE NAME	AI	DDITIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS II	N 10
TITLE	PD	ECTORS	11.	PD AI	DDITIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS II	N 10
TITLE NAME STREET ADDRESS	PD LEFF, DAVID 2480 PRESIDENTIAL WAY, PH1 WEST PALM BEACH FL 33401 VPD	ECTORS	11. TITLE NAME STREET ADDRESS	PD SIRA 2450 WES	DDITIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS II	N 10
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12. I hereby certify that the information supplied with this filling 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: 2