

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001707

1. Entity Name

PALM BAY CLUB FINANCING PARTNERSHIP, LTD.

Principal Place of Business

515 N. FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401

Mailing Address

515 N. FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401

2. Principal Place of Business

Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State  
West Palm Beach, FL

Zip  
33401

Country  
USA

3. Mailing Address

Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State  
West Palm Beach, FL

Zip  
33401

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058526

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.

515 N. FLAGLER DR., STE 910

WEST PALM BEACH FL 33401

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

9. Capital Contributions  
as Shown on record.

\$800,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$800,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000104506  
NAME PALM BAY CLUB GENERAL PARTNERS, INC.  
STREET ADDRESS 515 N. FLAGLER DR., STE 910  
CITY-ST-ZIP WEST PALM BEACH FL 33401

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*FABRIZIO LUCCHESI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 23, 2001

905-882-1212

Date

Daytime Phone #

000024 AF

CR2E003 (11/00)

FILED  
01 JUN -8 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

