

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002268

1. Entity Name

ISLAND CLUB HOLDINGS, INC.

Principal Place of Business

7900 ISLAND BLVD.  
NORTH MIAMI BEACH FL 33160

Mailing Address

7900 ISLAND BLVD.  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TRUMP, EDDIE  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE C ☐ Delete  
NAME TRUMP, JULIUS  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE EVPS ☐ Delete  
NAME LIEB, JAMES M  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE EVPD ☐ Delete  
NAME MATUS, ALAN  
STREET ADDRESS 7900 ISLAND BLVD  
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE AS ☐ Delete  
NAME TORPEY, CARITE  
STREET ADDRESS 7900 ISLAND BOULEVARD  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800004484408--2  
CITY-ST-ZIP -07/24/01--01101--006

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*8.75 \*\*\*\*\*8.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800004484408--2  
CITY-ST-ZIP -07/24/01--01101--006 \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

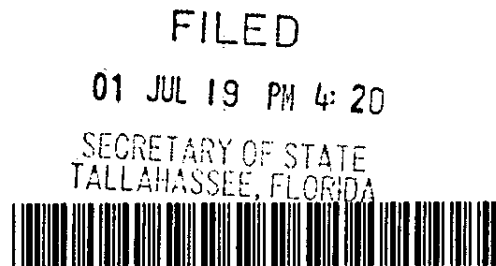
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0048234 AV

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE