

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57543

1. Entity Name

PALM BEACH COLONY RESIDENT CLUB, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90235 020 ***150.00

Principal Place of Business

C/O JAMES H. JACKSON
2000 N. CONGRESS AVE #137
W.P.B. FL 33409
US

Mailing Address

C/O JAMES H. JACKSON
2000 N. CONGRESS AVE #137
W.P.B. FL 33409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2077147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDO, JOSEPH
2000 N CONGRESS AVE LOT 62
LOT 190
W PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

Patricia L. Briggs

Street Address (P.O. Box Number is Not Acceptable)

2000 N. Congress #63

City

W. Palm Beach

FL

Zip Code

33409

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

Patricia L. Briggs

Patricia L. Briggs

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	P	NAME	JACKSON, JAMES H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2000 N. CONGRESS AVE #137			
CITY-ST-ZIP	W.P.B. FL 33409			
TITLE	VP	NAME	BRIGGS, PATTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2000 N. CONGRESS AVE #63			
CITY-ST-ZIP	W.P.B. FL 33409			
TITLE	S	NAME	THACKER, TERRIE	<input type="checkbox"/> Delete
STREET ADDRESS	2000 N. CONGRESS AVE #57			
CITY-ST-ZIP	W.P.B. FL 33409			
TITLE	T	NAME	MARJORIE, ROSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2000 N. CONGRESS AVE #75			
CITY-ST-ZIP	W.P.B. FL 33409			
TITLE	D	NAME	RAUSH, PAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2000 N. CONGRESS AVE #18			
CITY-ST-ZIP	W.P.B. FL 33409			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME	Patricia L. Briggs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2000 N. Congress Ave #63	
CITY-ST-ZIP			W.P.B. FL 33409	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME	Patricia Fuchs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2000 N. Congress Ave Lot 198A	
CITY-ST-ZIP			W. P. Beh, FL 33409	
TITLE		NAME	Jay Johns	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2000 N Congress Ave Lot	
CITY-ST-ZIP			W. P. Beh, FL 33409	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Patricia L. Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-683-7927

0072913

CR2E034 (5/01)