2001	UNIFORM BUSI	NESS REPO	RT (U	BR)	FILED			-
DOCUMENT # J85438 1. Entity Name MARATHON MANOR, INC.					Apr 05, 2001 08: Secretary of S		· · · ·	
Principal Place of Business 11000 PROSPERITY FARMS RD. SUITE #100 PALM BEACH GARDENS FL 33410 US		Maiiing Address 11000 PROSPERITY FARMS RD. SUITE #100 PALM BEACH GARDENS FL 33410 US		L			-	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN T	HIS SPACE	–	
City & State		City & State			4. FEI Number 59-2837318		pplied For	Ì
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad		-
	6. Name and Address of Current I ROBERT J LVD, STE #330 CH GARDENS FI US		Stre 110 SUI City	me EVELAND eet Address (P.0 00 PROSPERIT TE 100	7. Name and Address of New Register THERESA B D. Box Number is Not Acceptable) TY FARMS ROAD	ed Agent		- - -
8. The above	named entity submits this statement for	the purpose of changing its re		LM BEACH GA	IKDENS	33410	<u> </u>	
SIGNATURE .	THERESA B CLEVEI		Registered Agent	signature required wh		05/2001 TE	<u> </u>	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOWIII After MAY 1, 2001 Make Check Payable	Fee will t	e \$550.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BECHT ROBERT M 3300 PGA BLVD, STE 330 PALM BEACH GARDENS	☑ Delete FL 33410	TITLE NAME STREET ADDR CITY-ST-ZIP			☐ Change	☐ Addition	:034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND THERESA B 3300 PGA BLVD, STE#330 PALM BEACH GARDENS	Delete .	TITLE NAME STREET ADDR		LAND THERESA B ROSPERITY FARMS ROAD, SUITE 100 BEACH GARDENS FI	Change 33410	Addition	CR2E03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECHT ROB J 3300 P.G.A. BLVD, SUITE 330 PALM BEACH GARDENS	☐ Delete	TITLE NAME STREET ADDE CITY-ST-ZIP		ROBERT M ROSPERITY FARMS ROAD, SUITE 100 BEACH GARDENS FI	Change 33410	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			☐ Change	☐ Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOF CITY-ST-ZIP			☐ Change	Addition	
of the cor	ou uns report of supplemental renort is	true and accurate and that my wered to execute this report as	CIONALITA CI	iall hava tha co	ion 119.07(3)(i), Florida Statutes. I further me legal effect as if made under oath; the Florida Statutes; and that my name appea		. or disaster	
SIGNAT	URE: THERESA B CLEVEI SIGNATURE AND TYPED OR PE	AND	DIRECTOR		S,T 04/05/2001 Date	Daytime Phone #	<u> </u>	

04/05/2001 Date

Daytime Phone #