

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90224 050 ****61.25

DOCUMENT # NO1000004720

1. Entity Name

PALMDALE HUNT CLUB, INC.

Principal Place of Business

**2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133**

Mailing Address

**2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133**

89557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-119635

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO, INC.**2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES A. CUMMINGS	
STREET ADDRESS	3515 N.W. 53 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID O. CHARLUND	
STREET ADDRESS	3559 N.W. 53 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

TITLE	WILLIAM R. JERRE	<input type="checkbox"/> Delete
NAME	2675 N.W. 53 STREET	
STREET ADDRESS	FORT LAUDERDALE, FL 33309	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment and an affidavit with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID O. CHARLUND**4/10/02**

Daytime Phone #

954 484-7777

CR2E037 (9/01)