

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004791

FILED
Sep 13, 2002
Secretary of State

Entity Name: FHL OF THE PALM BEACHES, INC.

Current Principal Place of Business:

7142 VENETIAN WAY
LAKE CLARKE SHORES, FL 33406

New Principal Place of Business:

Current Mailing Address:

7142 VENETIAN WAY
LAKE CLARKE SHORES, FL 33406

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMS, H. BRYANT ESQUIRE
7301 S DIXIE HWY
W PALM BCH, FL 33405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KNOWLES, LESLIE W
Address: 7142 VENETIAN WAY
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: DV () Delete
Name: WEED, GARY
Address: 2110 BIMINI DR
City-St-Zip: W PALM BCH, FL 33406

Title: DT () Delete
Name: KNOWLES, JAMES
Address: 7142 VENETIAN WAY
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: DS () Delete
Name: WEED, PATSY
Address: 2110 BIMINI DR
City-St-Zip: W PALM BCH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE W. KNOWLES

DP

09/13/2002

Electronic Signature of Signing Officer or Director

Date