


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90722 002 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000006336

1. Entity Name
FOUR PALMS SOCIAL CLUB, INC.



Principal Place of Business Mailing Address
2549 ROSE ST ~~3540 ROSE ST~~
SARASOTA FL 34239-5429 ~~SARASOTA FL 34239-5429~~

44003820



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1241 Lucaya Ave.

City & State City & State 4. FEI Number Applied For
Venice FL **Venice FL** **65-1138598** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34292 **USA** **34292** **USA** **\$8.75**

6. Name and Address of Current Registered Agent
TOWERY, JERREL E
333 S TAMiami TRAIL, STE 291
VENICE FL 34285

7. Name and Address of New Registered Agent
 Name **Towery, Jerrel E.**
 Street Address (P.O. Box Number is Not Acceptable) **304 W. Venice Ave., Suite 220**
 City **Venice** FL Zip Code **34285**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE **Jerrel E. Towery, Pres. Jerrel E. Towery** DATE **2003 Jul 30, 2004**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARTKEN, VICTORIA M 2549 ROSE ST SARASOTA FL 34239-5429 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAEVE, ENRIGHT 2115 IVY PLACE SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONNIE, JOHNSON 68 BOUNDARY BLVD #201 ROTONDA WEST FL 33047 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jerrel E. Towery 1241 Lucaya Ave Venice FL 34292 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sam Herron III 711 Valencia Rd. Venice FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: **Jerrel E. Towery** Date **4/30/03** Daytime Phone # **(941) 455-3391**

C-RE037 (10/02)