

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N17821

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: OLD MARSH GOLF CLUB, INC.

Current Principal Place of Business:

7500 OLD MARSH ROAD
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

7500 OLD MARSH ROAD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 59-2746012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILTON L
625 N FLAGLER DR
9TH FLOOR
WEST PALM BEACH, FL 33401 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: D () Delete
Name: DELPIT, LARRY D.,
Address: 7618 OLD MARSH RD
City-St-Zip: PALM BCH GARDENS, FL

Title: D () Delete
Name: DICK, ROBBIE
Address: 7618 OLD MARSH RD
City-St-Zip: PALM BCH GARDENS, FL

Title: D () Delete
Name: DELPIT, LARRY J
Address: 7618 OLD MARSH RD
City-St-Zip: PALM BCH GARDENS, FL

Title: T () Delete
Name: ELLIS, SHARON
Address: 3 PALM ROAD
City-St-Zip: STUART, FL 34996

Title: S () Delete
Name: GIBSON, MICHAEL
Address: 12791 MARSH POINTE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CHRISTOVICH, STEVE
Address: 7500 OLD MARSH ROAD
City-St-Zip: PALM BCH GARDENS, FL 33418

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

Title: T (X) Change () Addition
Name: LINES, CHERYL A
Address: 6182 RIVERWALK LANE #6
City-St-Zip: JUPITER, FL 33458

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: CHERYL A LINES

T

04/30/2002

Electronic Signature of Signing Officer or Director

Date