

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90019 033 \*\*\*\*61.25

**DOCUMENT # N23208**

1. Entity Name

**FRENCHMAN'S CREEK COUNTRY CLUB, INC.**

Principal Place of Business

**13495 TOURNAMENT DRIVE  
 PALM BEACH GARDENS FL 33410**

Mailing Address

**13495 TOURNAMENT DRIVE  
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0023229**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALEXANDER, LARRY B. ESQ  
 505 SOUTH FLAGLER DRIVE  
 SUITE 1100  
 WEST PALM BEACH FL 33401**

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 \$61.25**

9. 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 PD  
 NAME JAYSON, KENNETH  
 STREET ADDRESS 3163 MIRO DR N  
 CITY-ST-ZIP PALM BEACH GARDENS FL ☒ Delete

TITLE PD  
 NAME MURPHY, GEORGE  
 STREET ADDRESS 13839 LE MANS WAY  
 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 ☒ Change ☐ Addition

TITLE SD  
 NAME DAVIDSON, BLANCHE  
 STREET ADDRESS 3300 MONET DRIVE  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ Delete

TITLE SD  
 NAME SHAMBAN, ADELE  
 STREET ADDRESS 3330 DEGAS DRIVE WEST  
 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 ☒ Change ☐ Addition

TITLE TD  
 NAME HOWARD, MELVIN  
 STREET ADDRESS 3139 MIRO DR S  
 CITY-ST-ZIP PALM BEACH GARDEN FL ☒ Delete

TITLE VD  
 NAME SHERMAN, LAWRENCE  
 STREET ADDRESS 13893 RIVOLI DRIVE  
 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 ☒ Change ☐ Addition

TITLE VD  
 NAME SCHWARTZ, MARIKAY  
 STREET ADDRESS 13917 LE HAVRE DR  
 CITY-ST-ZIP PALM BEACH GARDENS FL ☒ Delete

TITLE VD  
 NAME SILVER, WILLIAM  
 STREET ADDRESS 13853 LE HAVRE DRIVE  
 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 ☒ Change ☐ Addition

TITLE TD  
 NAME BERMAN, ALAN  
 STREET ADDRESS 3049 CHATEAU DRIVE  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE TD  
 NAME BERMAN, ALAN  
 STREET ADDRESS 3049 CHATEAU DRIVE  
 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)