

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N32176

1. Entity Name

IRONHORSE COUNTRY CLUB, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90099 011 ****61.25

Principal Place of Business	Mailing Address
8000 IRONHORSE BLVD 11781 LEE JACKSON MEMORIAL HWY. STE 320 WEST PALM BEACH FL 33412 US	8000 IRONHORSE BLVD 11781 LEE JACKSON MEMORIAL HWY. STE 320 WEST PALM BEACH FL 33412-2403 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8055 Ironhorse Blvd Suite, Apt. #, etc.		3. Mailing Address 8055 Ironhorse Blvd Suite, Apt. #, etc.		4. FEI Number 65-0127995	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent O'BRIEN, JAMES J. 8000 IRONHORSE BLVD 1601 BELVEDERE RD WEST PALM BEACH FL 33412		7. Name and Address of New Registered Agent Name: <u>William Beimbrech</u> Street Address (P.O. Box Number is Not Acceptable): <u>8000 IRONHORSE BLVD</u> City: <u>W Palm Beach FL</u> Zip Code: <u>33412</u>	
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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: William Beimbrech (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE: 4/5/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PAT O'BRIEN, JAMES J 8000 IRONHORSE BLVD. WEST PALM BEACH FL 33412 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PRES - DIR BEINBRECH, WILLIAM 8000 IRONHORSE BLVD 8055 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. DIR. FRAZIER, BARBARA 8000 IRONHORSE BLVD 8055 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MILLER, ROBIN 8000 IRON HORSE BLVD 8055 WPB FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS ARABESCU - DIR 8000 IRONHORSE BLVD W. Palm Beach, FL 33412 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. - DIR. GARRETT THELANDER 8055 IRONHORSE BLVD W. Palm Beach, FL 33412 <input type="checkbox"/> Delete	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: Barbara Frazier 4/5/00 561-694-0555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)