

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32176

1. Entity Name

IRONHORSE COUNTRY CLUB, INC.

FILED

Feb 26, 2001 8:00 am  
Secretary of State

02-26-2001 90541 029 \*\*\*\*61.25

Principal Place of Business

~~8055~~ IRONHORSE BLVD  
WEST PALM BEACH FL 33412  
US

Mailing Address

~~8055~~ IRONHORSE BLVD  
WEST PALM BEACH FL 33412  
US

2. Principal Place of Business

8055 Ironhorse Blvd  
Suite, Apt. #, etc.

3. Mailing Address

8055 Ironhorse Blvd  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0127995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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: WILLIAM BEINBRECH  
Street Address (P.O. Box Number is Not Acceptable): 8000 IRONHORSE BLVD  
City: WEST PALM BEACH FL Zip Code: 33412

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 C. Beimbrech

1-8-01

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

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	D/P BEINBRECH, WILLIAM 8000 IRONHOUSE BLVD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 D/S/T FRAZIER, BARBARA 8000 IRONHORSE BLVD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MILLER, ROBIN 8000 IRON HORSE BLVD WPB FL 33412	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARRETT, THELANDER 8055 IRONHORSE BLVD WEST PALM BEACH FL 33412	<input checked="" 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	D/P JOHN LEE 8000 IRONHORSE BLVD WEST PALM BEACH, FL 33411	<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
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		<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)