

DOCUMENT # N39674

1. Entity Name

IBIS GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

8225 IBIS BOULEVARD  
WEST PALM BEACH FL 33412

Mailing Address

8225 IBIS BOULEVARD  
WEST PALM BEACH FL 33412-1575

2. Principal Place of Business

9055 Ibis Boulevard

Suite, Apt. #, etc.

3. Mailing Address

9055 Ibis Boulevard

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0212334

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

KNEEN, JEFFREY D ESQ.  
1400 CENTREPARK BOULEVARD  
SUITE 1000  
WEST PALM BEACH FL 33401

## 7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILBROOK, STEPHEN	
STREET ADDRESS	8225 IBIS BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, CLIFFORD G	
STREET ADDRESS	8225 IBIS BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITSON, SYDNEY W	
STREET ADDRESS	8225 IBIS BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEER, GEORGE G	
STREET ADDRESS	8225 IBIS BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCKWAY, RICHARD	
STREET ADDRESS	8225 IBIS BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

4/14/00 (561) 625-8010

Date

Daytime Phone #

CR2E037 (9/99)