

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90380 035 \*\*\*\*61.25

**DOCUMENT # N93000000444**

1. Entity Name

**T & M RANCH COMMUNITY, INC.**

Principal Place of Business

9601 SW FOX BROWN ROAD  
 INDIANTOWN FL 34956

Mailing Address

9601 SW FOX BROWN ROAD  
 INDIANTOWN FL 34956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0378070**

Applied For

Not Applicable

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

**COLLINS, ELIZABETH E**  
**33 CHAPEL CT.**  
**TEQUESTA FL 33469**

Name **DALE KONIGSBURG ESQ**

Street Address (P.O. Box Number is Not Acceptable)  
**4262 NORTHLAKE BLVD**

City **PALM BEACH GARDENS** **FL** Zip Code **33410**

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

*Dale A Konigsburg*

**DALE KONIGSBURG ESQ**

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 NAME STREET ADDRESS CITY-ST-ZIP	ED COLLINS, ELIZABETH E 33 CHAPEL CT TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, WILLIAM J 1 BAYVIEW COURT TEQUESTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOCK, CAROL T 179 RIVER DRIVE TEQUESTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, HENRY D 2465 SE GOWIN DRIVE PORT ST LUCIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOUSE, DEB 2999 HIDDEN OAK DR JOHN'S ISLAND SC 29455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, TOM 11246 RIVERWOOD PLACE NORTH PALM BEACH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RICHARD FRIEDKIN 10221 HERONWOOD LANE WEST PALM BEACH FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DALE KONIGSBURG ESQ 4262 NORTHLAKE BLVD PMB 130 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MICHAEL A LAMPERT ESQ 2970 BURGONE LANE WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E/D NEIL P NEWSTEIN LCSW 146 COCOPLUM LANE ROYAL 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

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:

*Dale A Konigsburg*

4/18/01 (561) 799-0177

CR2E037 (10/00)