

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

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DOCUMENT # **N93000000444**
1. Entity Name
T & M RANCH COMMUNITY, INC.



03 SEP 10 PM 5:54

Principal Place of Business
**9601 SW FOX BROWN ROAD
INDIANTOWN FL 34956**

Mailing Address
**9601 SW FOX BROWN ROAD
INDIANTOWN FL 34956**

JA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4605 Community Drive
Suite, Apt. #, etc.

3. Mailing Address
4605 Community Drive
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number **65-0378070** Applied For
 Not Applicable

Zip **33417** Country **USA**

Zip **33417** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KONIGSBURG, DALE ESQ
4262 NORTHLAKE BLVD
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent
Name **Michael A. Lampert, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1655 Palm Beach Lakes Blvd, Ste 900
City **West Palm Beach, FL FL** Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael A. Lampert* DATE **9/9/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDKIN, RICHARD 10221 HERONWOOD LANE WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KONIGSBURG, DALE ESQ 4262 NORTHLAKE BLVD PMB 130 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPERT, MICHAEL A ESQ 2970 BURGoyNE LANE WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	V/D Friedkin, Richard 10221 Heronwood Lane West Palm Beach FL 33412 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Howard S. Levy 440 Columbia Dr., #500 West Palm Beach, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lampert, Michael A. Esq 1655 Palm Beach Lakes Blvd Ste 900 West Palm Beach FL 33401 <input checked="" 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** *Michael A. Lampert* DATE **9/9/03** **5616899407**

CR2E037 (10/02)