

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006004

1. Entity Name

DUKE CLUB OF THE PALM BEACHES, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90032 021 ****61.25

Principal Place of Business Mailing Address
515 N FLAGLER DR 515 N FLAGLER DR
SUITE 600 SUITE 600
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401
US US

00018630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0660920 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
DANIELS, STEVEN
515 N FLAGLER DR
#600
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
PD SPITNAGEL, JENNIFER 232 SO OCEAN MANALOPAN FL 33462
VPD BROWN, CORA L 903 SUMMERWINDS LN JUPITER FL 33458
STD DANIELS, STEVEN L 2885 DUQUESNE CIR 515 N. FLAGLER DR, WEST PALM BEACH FL 33401
D TANNENBAUM, BRUCE 5586 HIGH FLYER ROAD N PALM BEACH GRDNS FL 33418
D GARY DUNKEL 777 So. Flagler Dr. # E-300 West Palm Beach, FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change 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: SIGNEE: [Signature] DIR 1/11/02 561-833-9800

CP2E037 (9/01)