

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002052

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: EQUITY MEMBERS OF WYCLIFFE COUNTRY CLUB, INC.

Current Principal Place of Business:

4653 HAZELTON LANE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540412
LAKE WORTH, FL 33454 US

New Mailing Address:

FEI Number: 56-1182521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, NORMAN
4653 HAZELTON LANE
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUELS, NORMAN
Address: 4653 HAZELTON LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Delete
Name: EPSTEIN, LEONARD
Address: 10500 LAURAL ESTATE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: UTTAN, MELVIN
Address: 4413 KENSINGTON PARK WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SAMUELS

PD

04/17/2002

Electronic Signature of Signing Officer or Director

Date