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

## Mar 18, 2003 8:00 am Secretary of State DOCUMENT # N95000002052 1. Entity Name 03-18-2003 90070 044 \*\*\*\*61.25 EQUITY MEMBERS OF WYCLIFFE COUNTRY CLUB, INC. Principal Place of Business Mailing Address 4653 HAZELTON LANE P.O. BOX 540412 LAKE WORTH FL 33467 LAKE WORTH FL 33454 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 56-1182521 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M. ELYIN LATTAN SAMUELS, NORMAN Street Address (P.O. Box Number is Not Acceptable) **4653 HAZELTON LANE** LAKE WORTH FL 33467 LAKE Worth City 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 3.14.05 **SIGNATURE** DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State £30 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE PD WYTAN, MELVIN Change Change SAMUELS, NORMAN Addition NAME NAME 4413 KENS METER PARKWEY STREET ADDRESS **4653 HAZELTON LANE** STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-7IP LAKE WONTH FI 33467 TITLE Delete TITLE Change ☐ Addition JACK Mose NAME EPSTEIN, LEONARD 3828 STREET ADDRESS 10500 LAURAL ESTATE LANE NewH RVE H STREET ADDRESS Cala Di CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP **元.**. VPD TITLE Delete TITLE Change ■ Addition UTTAN, MELVIN NAME STREET ADDRESS 4413 KENSINGTON PARK WAY STREET ADDRESS ESTATE CITY-ST-ZIP Lake LAKE WORTH FL 33467 CITY-ST-ZIP worth. FL. 33K PJ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGN

561.965.0064

**FILED**