

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002242

1. Entity Name

LAND TRUST OF THE PALM BEACHES, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90016 002 ***211.25

Principal Place of Business

301 N. ATLANTIC DRIVE
LANTANA FL 33462

Mailing Address

301 N. ATLANTIC DRIVE
LANTANA FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0620324

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TENNYSON, ROD ESQ.
1801 AUSTRALIAN AVENUE SOUTH STE 101
WEST PALM BEACH FL 33409

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

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 PD
NAME TENNYSON, ELIZABETH
STREET ADDRESS 301 N. ATLANTIC DRIVE
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME PAINTER, PATRICK
STREET ADDRESS 12887 RAYMOND DRIVE
CITY-ST-ZIP LOXAHATCHEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JONES, LLOYD
STREET ADDRESS 4500 S. OCEAN BLVD
CITY-ST-ZIP S. PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LEAS, MINNIE P
STREET ADDRESS 218 N. ATLANTIC DRIVE
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BASS, STEVE
STREET ADDRESS 4696 MEADOW GREEN TRAIL
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHOLFELD, ROBERT
STREET ADDRESS 4500 S. OCEAN BLVD
CITY-ST-ZIP S. PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Elizabeth Tennyson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Tennyson
1/23/01

Date

Daytime Phone #

561
478-7600

CR2E037 (10/00)