

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002242

1. Entity Name

LAND TRUST OF THE PALM BEACHES, INC.

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90038 017 ****66.25

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

Zip

Country

Zip

Country

4. FEI Number

65-0620324

Applied For

Not Applicable

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.
1001 AUSTRALIAN AVENUE SOUTH STE 101
WEST PALM BEACH FL 33409

*1450 Centrepark Blvd #100
W. Palm Beach FL 33401*

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	<input checked="" type="checkbox"/> Delete
NAME	TENNYSON, ELIZABETH	
STREET ADDRESS	301 N. ATLANTIC DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAINTER, PATRICK	
STREET ADDRESS	12887 RAYMOND DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LLOYD	
STREET ADDRESS	4500 S. OCEAN BLVD.	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAS, MINNIE P	
STREET ADDRESS	218 N. ATLANTIC DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, STEVE	
STREET ADDRESS	4696 MEADOW GREEN TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOLFELD, ROBERT	
STREET ADDRESS	4500 S. OCEAN BLVD	
CITY-ST-ZIP	S. PALM BEACH FL 33480	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rod Tennyson	
STREET ADDRESS	1450 Centrepark Blvd #100	
CITY-ST-ZIP	W. Palm Beach FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/18/02 561 478 7600

CP2E037 (9/01)