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

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90074 039 ****61.25

DOCUMENT # N97000006371

1. Entity Name

MIZNER COUNTRY CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16450 One Mile Rd. (Lyons)	3103 Philmont Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Huntingdon Valley, PA
Zip: 33446 Country: USA	Zip: 19006 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-2970622 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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

FEE IS $61.25 Initial or Amended UBR

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	D/P
NAME	Michael Donnelly
STREET ADDRESS	5300 W. Atlantic Ave., Suite 300
CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	D/V/T
NAME	Joseph Pease
STREET ADDRESS	5300 W. Atlantic Ave., Suite 300
CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	D/S
NAME	Ronald Blum
STREET ADDRESS	5300 W. Atlantic Ave., Suite 300
CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	V
NAME	Robert Fordham
STREET ADDRESS	5300 W. Atlantic Ave., Suite 300
CITY-ST-ZIP	Delray Beach, FL 33484
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NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-29-02 561 638-405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #