2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000035443 **DOCUMENT #**

1. Entity Name



04-29-2003 90054 016 ***150.00 CLUB LA BOURSE TRAVEL CORP. Principal Place of Business Mailing Address 1968 WINDSOR DRIVE 1968 WINDSOR DRIVE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1010195 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHURCH, C ROBERT Street Address (P.O. Box Number is Not Acceptable) 1968 WINDSOR DRIVE NORTH PALM BEACH FL 33408 Zip Code City 1 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 the obligations of registered agent. SIGNATURE . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WATES, BRIAN NAME NAME 1970 N WINDSOR DR STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME WATES, GER STREET ADDRESS 1970 N WINDSOR DR STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ROSOW, SUSAN STREET ADDRESS STREET ADDRESS 6642 WINDING LAKE DR CITY-ST-ZIP CITY-ST-ZIE Jupiter FL 33458 Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

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FILED

Apr 29, 2003 8:00 am Secretary of State