

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90166 006 ***158.75

DOCUMENT # P00000040584

1. Entity Name

PAGE GROUP, INC.

Principal Place of Business

**450 ROYAL PALM WAY, 6TH FLOOR
 PALM BEACH FL 33480**

Mailing Address

**450 ROYAL PALM WAY, 6TH FLOOR
 PALM BEACH FL 33480**

2. Principal Place of Business

624 Shore Road

Suite, Apt. #, etc.

3. Mailing Address

624 Shore Road

Suite, Apt. #, etc.

City & State

North Palm Beach

City & State

North Palm Beach

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

4. FEI Number

65-1011218

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITMIRE, DRENNEN L JR
 624 SHORE RD
 N. PALM BEACH FL 33408**

New address:

7. Name and Address of New Registered Agent

Name

Same (Whitmire, Drennen L. Jr.)

Street Address (P.O. Box Number is Not Acceptable)

450 Royal Palm Way, 6th Floor

City

Palm Beach

FL

Zip Code

33480

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PAGE, TIMOTHY J**
 STREET ADDRESS **624 SHORE RD.**
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

561-695 42

Daytime Phone #

CR2E034 (10/00)