

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000061641**1. Entity Name
SEVEN PALMS RESORT, INC.**FILED**

03 SEP 18 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
201 EAST OCEAN AVENUE #7
LANTANA, FL 33462Mailing Address
201 EAST OCEAN AVENUE #7
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
65-1019657Applied For
Not Applicable5. 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

BOURNE, ROBERT E JR.
521 LAKE AVENUE
SUITE 3
LAKE WORTH, FL 33460

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Amended UBR is \$87.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME LINDROOS, KARL
STREET ADDRESS 201 EAST OCEAN AVENUE #7
CITY-ST-ZIP LANTANA, FL 33462TITLE PD ☐ Change ☒ Addition
NAME Juden, Leo
STREET ADDRESS 201 East Ocean Ave. #7
CITY-ST-ZIP Lantana, FL 33462TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300023166413
09/18/03--01020--008 **245.00TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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.

SIGNATURE: **Leo Juden, President** September 16, 2003

(561) 588-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)

2/9/18