

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 036 ***158.75

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DOCUMENT # P00000104506

1. Entity Name

PALM BAY CLUB GENERAL PARTNER, INC.



Principal Place of Business

DARYL CRAMER & ASSOC., P.A.

3801 PGA BLVD SUITE 508

PALM BEACH GARDENS FL 33410-2758

Mailing Address

DARYL CRAMER & ASSOC., P.A.

3801 PGA BLVD SUITE 508

PALM BEACH GARDENS FL 33410-2758

11017465



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1058604

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ XX

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE STE 910
WEST PALM BEACH FL 33401

Name **Daryl Cramer & Associates, P.A.**

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

3801 PGA Boulevard

Suite 508

City

Palm Beach Gardens

FL

Zip Code

33410

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **LUCCHESI, FABRIZIO**
STREET ADDRESS **105 WEST BEAVER CREEK STE 9 & 10**
CITY-ST-ZIP **RICHMOND HILL, ONTARIO L4B- 1C6**

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

TITLE **VSD** ☐ Delete
NAME **MYERS, WILLIAM P**
STREET ADDRESS **105 WEST BEAVER CREEK STE 9 & 10**
CITY-ST-ZIP **RICHMOND HILL ONTARIO L4B- 1C6**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese

4-08-03

Date

905-882-1212

Daytime Phone #

CR2E034 (10/02)