

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90185 004 ***158.75

DOCUMENT # P35185

1. Entity Name,

THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPOR

Principal Place of Business

Mailing Address

DARYL B CRAMER AND ASSOC., P.A.
515 N. FLAGLER DR. #910
WEST PALM BEACH FL 33401-4325
US

DARYL B CRAMER AND ASSOC., P.A.
515 N. FLAGLER DR. #910
WEST PALM BEACH FL 33401-4325
US

C0057996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

515 N. Flagler Dr., Ste 910

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. 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

DARYL B CRAMER AND ASSOC., P.A.
515 N. FLAGLER DR.
SUITE 910
WEST PALM BEACH FL 33401-4325

Name

Daryl Cramer & Assoc., P.A.

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

515 N. Flagler Drive, Suite 910

City

West Palm Beach

FL

Zip Code

33401

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 *Daryl B. Cramer* **Daryl B. Cramer, President**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MYERS, WILLIAM P.**
 STREET ADDRESS **9030 LESLIE STREET, #308**
 CITY-ST-ZIP **RICHMOND HILL, CANADA**

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

TITLE **STD** ☐ Delete
 NAME **LUCCHESI, FABRIZIO**
 STREET ADDRESS **9030 LESLIE STREET, SUITE 308**
 CITY-ST-ZIP **RICHMOND HILL, ONT., CANADA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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:

Fabrizio Lucchese **FABRIZIO LUCCHESI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23/01

Date

905-882-1212

Daytime Phone #

CR2E034 (10/00)