

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90058 042 \*\*\*158.75

**DOCUMENT # P35185**

**1. Entity Name**  
**THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPORATED**

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

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

**2. Principal Place of Business**  
**Daryl Cramer & Assoc., P.A.**  
 Suite, Apt. #, etc.  
**515 N. Flagler Dr., Ste. 910**

**3. Mailing Address**  
**Daryl Cramer & Assoc., P.A.**  
 Suite, Apt. #, etc.  
**515 N. Flagler Dr., Ste. 910**

**City & State**  
**West Palm Beach, FL**

**City & State**  
**West Palm Beach, FL**

**Zip** **33401** **Country** **USA**

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DO NOT WRITE IN THIS SPACE

**4. FEI Number** **NOT APPLICABLE** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** **XX** **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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** *[Signature]* **DATE** **4/16/02**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>MYERS, WILLIAM P.</b> <b>9030 LESLIE STREET, #308</b> <b>RICHMOND HILL, CANADA</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>LUCCHESI, FABRIZIO</b> <b>9030 LESLIE STREET, SUITE 308</b> <b>RICHMOND HILL, ONT., CANADA</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P,D</b> <b>Myers, William P.</b> <b>105 West Beaver Creek, Units 9 &amp; 10</b> <b>Richmond Hill, Ontario, CANADA L4B 1C6</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S,T,D</b> <b>Lucchesi, Fabrizio</b> <b>105 West Beaver Creek, Units 9 &amp; 10</b> <b>Richmond Hill, Ontario CANADA L4B 1C6</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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]* **04-22-02 905-882-1216**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)