

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90250 045 \*\*\*158.75

0084343 AV

**DOCUMENT # P35185**

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



Principal Place of Business  
**DARYL B CRAMER AND ASSOC., P.A.**  
**3801 PGA BLVD SUITE 500**  
**PALM BEACH GARDENS FL 33410**  
**US**

Mailing Address  
**DARYL B CRAMER AND ASSOC., P.A.**  
**3801 PGA BLVD SUITE 500**  
**PALM BEACH GARDENS FL 33410**  
**US**

11017456



2. Principal Place of Business  
**Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.  
**3801 PGA Blvd., # 508**

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

Zip **33410** Country **USA**

3. Mailing Address  
**Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.  
**3801 PGA Blvd., # 508**

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

Zip **33410** Country **USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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 & 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

**Daryl B. Cramer** *per* **4/24/03**

(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

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

TITLE **STD** ☐ Delete  
NAME **LUCCHESI, FABRIZIO**  
STREET ADDRESS **105 WEST BEAVER CREEK, UNIT 9&10**  
CITY-ST-ZIP **RICHMOND HILL, ONTARIO CA L4B- 1C6**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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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**

**Fabrizio Lucchese**

**4-08-03**

**905-882-1212**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/02)