

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90323 001 \*\*\*300.00

**DOCUMENT # P93000023768**

**1. Entity Name**  
**PALM TREE GOLF CORP., INC.**

**Principal Place of Business**  
**2350 SOUTH CONGRESS AVENUE**  
**DELRAY BEACH FL 33445**

**Mailing Address**  
**2350 SOUTH CONGRESS AVENUE**  
**DELRAY BEACH FL 33445**

**2. Principal Place of Business**  
**2101 S. CONGRESS AVE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**2101 S. CONGRESS AVE**  
Suite, Apt. #, etc.

**City & State**  
**DELRAY BEACH FL**

**City & State**  
**DELRAY BEACH FL**

**4. FEI Number** **65-0408761**

**Applied For**  
**Not Applicable**

**Zip** **33445** **Country**

**Zip** **33445** **Country**

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

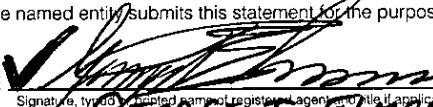
**6. Name and Address of Current Registered Agent**

**ELMORE, GEORGE T**  
**2350 SO CONGRESS AVE.**  
**#925/#101**  
**DELRAY BEACH FL 33445**

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

**Name** **GEORGE T. ELMORE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2101 So. CONGRESS AVE.**  
**City** **DELRAY BEACH** **FL** **Zip Code** **33445**

**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, typed or printed name of registered agent, and title if applicable (Not Registered Agent signature required when reinstating)**

**1-4-02**  
**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, 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>DST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FAGAN, GREGORY J</b>	
<b>STREET ADDRESS</b>	<b>4152 WEST BLUE HERON BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>RIVIERA BEACH FL 33404</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ELMORE, GEORGE T</b>	
<b>STREET ADDRESS</b>	<b>2350 SOUTH CONGRESS AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>DELRAY BEACH FL 33445</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SCHAEFER, CONRAD W</b>	
<b>STREET ADDRESS</b>	<b>4152 WEST BLUE HERON BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>RIVIERA BEACH FL 33404</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GEORGE T. ELMORE</b>	
<b>STREET ADDRESS</b>	<b>2101 So. CONGRESS AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>DELRAY BEACH, FL 33445</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**  **REQUIRED**

**1-4-02** **561-278-0456** **x220**

**Date** **Daytime Phone #**

CR2E034 (9/01)