

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90059 012 \*\*\*150.00

**DOCUMENT # P93000047129**

1. Entity Name  
**THE LAST RESORT OF WEST PALM BEACH, INC.**



Principal Place of Business  
**1014 LAKE AVE  
LAKE WORTH FL 33460  
US**

Mailing Address  
**1014 LAKE AVE  
LAKE WORTH FL 33460**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0424723**

Applied For  
Not Applicable

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

**FERGUSON, ADAM I  
4811 122ND DRIVE NORTH  
W PALM BEACH FL 33411**

Name **Ferguson, Adam I**  
Street Address (Box Number is Not Acceptable) **228 South "O" Street**  
City **Lake Worth** FL Zip Code **33460**

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 **A. Ferguson**  
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

**01/08/03**  
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 **D** ☐ Delete  
NAME **FERGUSON, ADAM I**  
STREET ADDRESS **4811 122ND DRIVE NORTH**  
CITY-ST-ZIP **W PALM BEACH FL 33411**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ferguson, Adam I**  
STREET ADDRESS **228 South "O" Street**  
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE **VP** ☐ Delete  
NAME **SOCHER, BARBARA**  
STREET ADDRESS **1014 LAKE AVE**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Socher, Barbara**  
STREET ADDRESS **329 North "B" Street**  
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **AGNEE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/08/03**  
Date

**561-586-3700**  
Daytime Phone #

CR2E034 (10/02)