

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400	JU	ル	JL	J	IL	U	U	L	Į	J	J	L	J	U	I	J	J	L	l	J	J	L	Ц	4	4	ŀ	9	Ľ	,	_	ŀ				ŧ.	1		Γ	17	Ν	Ξ1	Е	11	V	Ν	IJ	J	J;	С)(C)(
------------------	----	---	----	---	----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	----	---	--	---	----	---	----	---	----	---	---	----	---	----	---	----	---	----	--

1. Entity Name

FLAGLER MANOR DEVELOPMENT COMPANY, INC.



CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE PD DIVOSTA, OTTO B STREET ADDRESS CITY-ST-ZIP TITLE PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE PRALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE PRALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete			•		NO WE THE				
Suito, Apt. #, etc. Suito, Apt. #, etc. City & State City & City & State City & C	4500 PGA BLA STE 207 PALM BEACH	/D.		4500 PGA BLVD. STE 207 PALM BEACH GARDENS	FL 33418				
City & State City & State City & State County Coun	2. Principal P	Place of Business	·	3. Mailing Address		1 0.045& 0			
COUNTRY ZLD Country ZLD Country S. Certificate of Status Desired Desired Status Desired Desired Status Desired Desired Status Desired Status Desired Status Desired Desired Desired Desired Status Desired	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		□ СНЕСК НЕ	ERE IF MAKING	CHANGES	
See Name and Address of Clurrent Registered Agent 6. Name and Address of Clurrent Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. B	City & Stat	e		City & State		4. FEI Number 65-04658	87	<u> </u>	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. B	Zip	Cour		Zip	Country	5. Certificate of Status Desire		8.75 Add	ditional
Name Street Address (P.C. Box Number is Not Acceptable)		6 Name and A	<u> </u>	Registered Agent	<u>. l </u>	7. Name and Address of Ne			` ——
ASOD PGA BLVD. SITE 207 PALM BEACH CARDENS FL 33418 8. The above general giving 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 obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registerial agent, or both, in the State of Florida Delete of Title of Change of Policia Delete of Title of Change of Change of Policia Delete of Title of Change of Chang					Name			<u> </u>	
PALM BEACH GARDENS FL 33418 6. The above gammed genity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octional policy of Florida policy of Florida policy. FILE NOW!!! FEE IS \$150,00 Added to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OWNED, JACK B JR OWNED, JACK		the second and			Street Address	P.O. Box Number is Not Accept	able)		
8. The above premated giving submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature, tops or private name of registered agent and title 1 applicable. FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$\$\frac{1}{2}\$\$ 0.00 Make Check Payable to Florida Deplatment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. WAS OVEN, JACK B JR OWEN, JACK B JR OW	STE 207				t				
THE POLY STAP PALM BEACH GARDENS FL 33418 TITLE PORADRES CITY-ST-2P TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. STE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. SUITE 207 PALM BEACH GARDENS FL 33418 TITLE VERANDER SOP ORA BLVD. S	PALM BEA	ACH GARDENS FL	. 33418		City		FL	Zip Cod	e
SIGNATURE Suprature topod of printing name of registerial agent and size it applicable. (NOTE Registered Agent signature required when renetating) Position Po				r the purpose of changing it	ts registered office or regist	ed agent, or both, in the State of	f Florida. I am fa	ımiliar with,	and accept
FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$5\$0.00 Make Check Payable to Florida Depărtiment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	SIGNATURE		<u> </u>						
After May 1, 2003 Fee will be \$55,00 Make Check Payable to Florida Department of State 10.	·			and title if applicable. (NC	TE: Registered Agent signature requir	when reinstating)	DAIE		
TITLE VST OWEN, JACK B JR SINEET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME OWEN, JACK B JR SINEET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIRE	Afte	r May 1, 2003 Fee	will be \$550.00						
TITLE NAME OWEN, JACK B JR OWEN, JACK B JR STREET ADDRESS STREET A		K Payable to Florid	· 						
NAME SIREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP		LUCT	OFFICERS AND			ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE PD DIVOSTA, OTTO B DIVOSTA, OTTO B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE V PALM BEACH GARDENS FL 33418 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	OWEN, JACK B 4500 PGA BLVD	STE 207		NAME STREET ADDRESS			∐ Unange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<u> </u>	ARDENS FL 3341		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADORESS	DIVOSTA, OTTO 4500 PGA BLVD	STÉ 207		NAME STREET ADDRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-SI-ZIP		HUENS FL 3341		CITY-ST-ZIP		<u>-</u>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	1			☐ Change	Addition
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		BRANDI, PHILLIF	L CHITE 207						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP	PALM REACH GA	RDENS FL 3341	R	B)		•		1
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	TALM BEACH OF	IIIDENO I E GOTT		TITLE	***************************************	<u>`</u>	Change	Addition
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				1				- 1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	-			CITY-ST-ZIP				ļ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLÉ			☐ Change	☐ Addition
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME		•		NAME				{
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	a t			☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME								}
									}
		certify that the inform	ation supplied with	this filing does not qualify 6		tion 119 07/3)(i) Florida Statut	es I further costi	fy that the in	formation

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:

REQUIRED L. Brandt

561/691-9050

Daytime Phone #