## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 12, 2001 08:00 AM DOCUMENT # **P9400016629** 1. Entity Name **Secretary of State** ASSOCIATED CLUB MANAGEMENT CORP. Principal Place of Business Mailing Address 11780 U.S. HWY. 1 11780 U.S. HWY. 1 SUITE 600 SUITE 600 N. PALM BEACH FL N. PALM BEACH FL 33408 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0470253 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES INC. DYTRYCH TERRENCE FMR. 4521 PGA BLVD. Street Address (P.O. Box Number is Not Acceptable) 2023 N. FLAGLER DRIVE SUITE 211 PALM BEACH GARDENS FL33418 City Zip Code WEST PALM BEACH 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. TERRENCE F. DYTRYCH 02/12/2001 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 FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE IS \$150.00 \_\_\_\_\_\_\_After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change ARCHIBALD ROBERT MAME NAME STERNSTEIN **JERRY** 11780 U.S. HWY. 1 STREET ADDRESS STREET ADDRESS 11780 U.S. HWY. 1, SUITE 600 CITY-ST-ZIP N. PALM BEACH FL 33408 CITY-ST-ZIP N. PALM BEACH D ☐ Delete TITLE PRES X Change NAME ANDERSON W.K. NAME KELLY ALBERT STREET ADDRESS 11780 U.S. HWY. 1 STREET ADDRESS 11780 U.S. HWY. 1, SUITE 600 CITY-ST-ZIP N. PALM BEACH $\mathbf{FL}$ CITY-ST-ZIP N. PALM BEACH FL33408 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Albert M. Kelly Pres 02/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #