FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 07, 2002 8:00 am Secretary of State P94000016629 DOCUMENT # 1. Entity Name 4-07-2002 90577 012 ***150 00 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 33408 N. PALM BEACH FL 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 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DYTRYCH, TERRENCE F MR. Street Address (P.O. Box Number is Not Acceptable) 2023 N. FLAGLER DRIVE WEST PALM BEACH FL 33407 Zip Code 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, typed or printed name of registered agent and title if applic 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) PRES ☐ Addition TITLE ☐ Delete TITLE ☐ Change KELLY, ALBERT M NAME NAME 11780 U.S. HWY. 1, SUITE 600 STREET ADDRESS STREET ADDRESS N. PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STERNSTEIN, JERRY S NAME NAME 11780 U.S. HWY. 1, SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. PALM BEACH FL 33408 CITY-ST-ZIP __ 🔲 Addition TITLE ☐ Delete NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [7] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing close 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 frue 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 and officer or director 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 artificial, with all other like empowered.

SO TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR