

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045801

1. Entity Name
1194 CORP.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90052 031 ***150.00

Principal Place of Business
1037 COUNTRY CLUB DRIVE
N. PALM BEACH FL 33408-US

Mailing Address
1037 COUNTRY CLUB DRIVE
N. PALM BEACH FL 33408-US

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 65-0503432

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

KINO, GREGORY S ESQ
515 NORTH FLAGLER DRIVE
SUITE 1800
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MURRAY, DICKRON E
STREET ADDRESS 1037 COUNTRY CLUB DRIVE
CITY-ST-ZIP N. PALM BEACH FL 33408 ☐ Delete

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

TITLE D
NAME MURRAY, MARJORIE L
STREET ADDRESS 1037 COUNTRY CLUB DRIVE
CITY-ST-ZIP N. PALM BEACH FL 33408 ☐ Delete

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

TITLE SD
NAME WILSON, C.R.
STREET ADDRESS 2399 S. SHORE DR.
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

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

TITLE D
NAME WILSON, EDWARD
STREET ADDRESS 5700 CORDOVA SUITE 303
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 561 822 4207
Daytime Phone #

CR2E034 (10/00)

0287670