20ର୍ଡ଼ୀ UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P95000009524 1. Entity Name THE PELICAN CLUB OF PALM BEACH, INC. 01-29-2001 90045 028 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2707 255 S. COUNTY RD. PALM BEACH FL 33480 PALM BEACH FL 33480 00010674 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0651416 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 11780 U.S. HIGHWAY ONE SUITE 300 N PALM BEACH FL 33408 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME REYNOLDS, WILEY III NAME STREET ADDRESS 255 SOUTH COUNTY RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Change Delete DV.S TITLE TITLE Grey, James C 28 Avenue Edouard Rod GREY, JAMES C NAME NAME STREET ADDRESS 980 SOUTH OCEAN BLVD. STREET ADDRESS 1006 Lausanne, Switzerland CITY-ST-ZIP CITY-ST-ZIP MANALAPAN FL 33462 - Change - Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 1-12-01

FILED

SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.