## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P95000029542 GOLDEN BEAR CLUB SERVICES, INC. 04-18-2000 90810 001 \*\*\*450.00 Principal Place of Business Mailing Address 11780 US HIGHWAY ONE. STE 400 11780 US HIGHWAY ONE, STE 400 N PALM BEACH FL 33408-3042 N PALM BEACH FL 33408 8 **9** 0 0 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0582089 Not Applicable Zip Country Country \$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 Name FHS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11780 US HIGHWAY ONE **SUITE 400** N PALM BEACH FL 33408 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change □ Delete TITLE TITLE WINSLETT, STEPHEN S NAME NAME STREET ADDRESS 11780 US HIGHWAY ONE, STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N PALM BEACH FL 33408 Change ☐ Addition ☐ Delete TITLE TITLE O'BRIEN, ANDREW W NAME NAME STREET ADDRESS STREET ADDRESS 11780 US HIGHWAY ONE, STE 400 CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL 33408 Change ☐ Addition ☐ Delete TITLE TITLE NAME DOTY, DONNA L NAME 11780 US HIGHWAY ONE, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N PALM BEACH FL 33408 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CIVA STEPHEN S. - WINSLETT PRESIDENT

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/10/2000

(561)626-3900

Daytime Phone #