905-882-1212

**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 02, 2001 8:00 am Secretary of State DOCUMENT # P95000067184 1. Entity Name 05-02-2001 90185 050 \*\*\*158.75 GOLF TERRACE GENERAL PARTNER, INC. Principal Place of Business Mailing Address DARYL CRAMER AND ASSOC., P.A. DARYL CRAMER AND ASSOC., P.A. 515 N. FLAGLER DR., STE. 910 515 N. FLAGLER DR., STE. 910 **C0058000** WEST PALM BEACH FL 33401-4325 -WEST PALM BEACH FL 33401-4325 US. 2. Principal Place of Business 3. Mailing Address Daryl Cramer & Assoc., P.A. c/o Daryl Cramer & Assoc. P.A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 515 N. Flagler Dr., Ste. 910 515 N. Flagler Dr., Ste. 910 City & State West Palm Beach, FL Applied For City & State 4. FEI Number 65-0627986 West Palm Beach, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33401 USA 33401 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Daryl Cramer & Assoc., P.A. DARYL CRAMER AND ASSOC., P.A. Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR. STE. 910 515 N. Flagler Drive, Suite 910 WEST PALM BEACH FL 33401-4325 Zip Code <u>West Palm Beach</u> 33401 8. The above named entity subthits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Daryl B. Cramer, President SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete ☐ Change NAME MYERS, WILLIAM P NAME STREET ADDRESS STREET ADDRESS 9030 LESLIE STREET, SUITE 308 CITY-ST-7IP CITY-ST-7IP <u>Ontario, canada l4B 1G2</u> Change Addition TITLE ☐ Delete TITI F NAME LUCCHESE, FABRIZIO NAME STREET ADDRESS STREET ADDRESS 9030 LESLIE STREET, SUITE 308 CITY-ST-ZIP CITY-ST-ZIP ONTARIO, CANADA L4B 1G2 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change 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.