

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 040 ***158.75

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DOCUMENT # P95000067184

1. Entity Name

GOLF TERRACE GENERAL PARTNER, INC.



Principal Place of Business

DARYL CRAMER AND ASSOC., P.A.

3801 PGA BLVD SUITE 500

PALM BEACH GARDENS FL 33410

US

Mailing Address

DARYL CRAMER AND ASSOC., P.A.

3801 PGA BLVD SUITE 500

PALM BEACH GARDENS FL 33410

US

2. Principal Place of Business

Daryl Cramer & Assoc., P.A.

3. Mailing Address

Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

3801 PGA Blvd., #508

Suite, Apt. #, etc.

3801 PGA Blvd., #508

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0627986

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DARYL CRAMER AND ASSOC., P.A.

515 N. FLAGLER DR.

STE. 910

WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent

Name **Daryl Cramer & Associates, P.A.**

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

3801 PGA Boulevard

Suite 508

City

Palm Beach Gardens

FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Daryl B. Cramer

4/22/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **MYERS, WILLIAM P**
STREET ADDRESS **105 WEST BEAVER CREEK UNITS 9 & 10**
CITY-ST-ZIP **RICHMOND HILL ONT CN L4B- 1C6**

TITLE **VSD** ☐ Delete
NAME **LUCCHESI, FABRIZIO**
STREET ADDRESS **105 WEST BEAVER CREEK UNITS 9 & 10**
CITY-ST-ZIP **RICHMOND HILL ONT CN L4B- 1C6**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Fabrizio Lucchese

4-08-03

905-882-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)