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

1. Entity Name	ENT # P9600 OPMENT COMPANY	0094610					
Principal Place of	Business	Mailing Address	<del></del>				
3399 PGA BLVD STE 450 PALM BEACH GARD US	ENS FL 33410	3399 PGA BLVD STE 450 PALM BEACH GARDENS FL 33410 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
	5. Name and Address of Cu	ırrent Registered Agent	. <u> </u>				

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Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & Stat	City & State		4.	4. FEI Number 65-0711144 Applied Fo				pplied For tot Applicable		
Zip	-	Country	Zip	C	Country	5.	Certificate of	Status Desired	1 1	\$8.75 Ad Fee Require		
	6. Name	and Address of Currer	t Registered Age	nt	7. Name and Address of New Registered Agent							
				Name	Name							
FRY, STEPHEN				PETER D. CUMMINGS ~ ASSOC.  Street Address (P.O. Box Number is Not Acceptable)								
3399 PGA BLVD					Street Address (P.O. Box Number is Not Acceptable)							
STE 4					3399 PGA BLVD, SUITE 450							
		ADDENIC EL 2044A										
PALM BEACH GARDENS FL 33410				City Zip Code								
		O 1			City PALM BEACH GARDENS FL Zip Code 33410.							
8. The above	named entit	submits this statement	for the purpose of	changing its regi					ida.			
8. The above named entity subtrats this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.												
		<del>/                                     </del>	7.4	1223 4 2	See 26 10	o		رمين	11/2	1	İ	
SIGNATURE.	Signature, type	or and a financia of the street and	nt and title if applicable.	(NOTE: Reg	istered Agent signatu	re required when re	einstation)		DATE		<del></del> ]	
	Signature, typ-2	720	п вис вис в аррисациа.	(NOTE NO	- Agont Signal							
9. This corpo	ration is eligi	ble to satisfy its Intangib	le F	ILE NOW!!! F	EE IS \$150.0	00	10 Flootic	n Campaign Fina	ncina	<b>¢</b> E (	30	
Tax filing r	equirement a	ind elects to do so.	Afte	After MAY 1, 2001 Fee will be \$550.00		50.00	10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.					
(See criter	ia on back)		Make C	heck Payable to	o Departmen	of State			_	,,,,,,		
11.		OFFICERS AN	DIRECTORS		12.	AC	DITIONS/CH	ANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE	D			3 Delete	TITLE					☐ Change	☐ Addition	
NAME	_	S, PETER D	_	3 00,000	NAME							
STREET ADDRESS		BLVD STE 450			STREET ADDRESS	RESS						
CITY-ST-ZIP		CH GARDENS FL 33	410		CITY-ST-ZIP							
TITLE	DV	OIT CANDENO I E CO	******	1 Delete	TITLE	7/0				Change	☐ Addition	
TITLE NAME					NAME	Cular						
STREET ADDRESS	CUMMINGS, KEITH L				STREET ADDRESS	3399 F	CUMMINGS, KEITH L. 1399 PGA BLVD, SUITE 450					
CITY-ST-ZIP	1 SOCO T GT BEID OIZ 100				CITY-ST-ZIP							
	FALM DEACH CAMBERO I E SOFTO				>//	ALM BEACH GARDENS, FL 33410						
TITLE .	VP	. IPAL	X	Delete	TITLE	2//	V			☐ Change	Addition	
NAME	FRY, STEPHEN			l	NAME	DEAN,	DEAN, DAVID A.					
STREET ADDRESS	3399 PGA BLVD STE 450			STREET ADDRESS	3344 F	19 PGA BLVD., SUITE 450 LM BEACH GARDENS FL 33410.						
CITY-ST-ZIP		CH GARDENS FL 33	410		CITY-ST-ZIP	HALME	SEACH C	ARDENS,	FL 3.	<u>3410</u>	-:	
TITLE	DP		<i>&gt;</i> ≥	Delete	TITLE						Addition	
NAME	CHASEN,	_			NAME	GREAN	ER, IV	УG.		-	)	
STREET ADDRESS		BLVD STE 450			STREET ADDRESS	3399 F	GREANER, IVY G. 3399 PGA BLVD, SUITE 450					
CITY-ST-ZIP		CH GARDENS FL 33	410		CITY-ST-ZIP	PALMI	BEACH	GARDENS,	FL	<u> 3341 (</u>	2	
TITLE	VP			Delete	TITLE					Change	<b>∑</b> Addition }	
NAME	ERICKSON				NAME	HAMMI	ON, MIC	HAEL R.		_		
				STREET ADDRESS			VD, SUIT			Ì		
CITY-ST-ZIP	PALM BEA	CH GARDENS FL 33	410		CITY-ST-ZIP	PALMI	BEACH	GARDENS	FL 3	3411	5	
TITLE	S		E	] Delete	TITLE	AV				☐ Change	Addition	
NAME	ENGLISH,	BETTY			NAME	BARNE	ES, DOM	IALD R			- 1	
STREET ADDRESS	<b>1</b>			STREET ADDRESS	3399 F	PGA BL	IALD R. VD., SUIT	<del>z</del> 43	₹			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			CITY-ST-ZIP	PALME	BEACH (	ARDENS	FL:	33411	5 1		
13. I hereby of indicated	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 sport 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 em changed, or on an attachment with an address weren to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR