

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060696

1. Entity Name

PALM BEACH GOLF CENTER - NORTH PALM BEACH, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90377 018 ***150.00

Principal Place of Business

Mailing Address

~~7100 NORTH MILITARY TRAIL~~
PALM BEACH GARDENS FL 33410

~~7100 NORTH MILITARY TRAIL~~
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

7700 N. MILITARY TRAIL

3. Mailing Address

7700 N. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

Zip

33410

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0771734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, MICHAEL S

~~1201 US HIGHWAY ONE STE 240-A~~
~~NORTH PALM BEACH FL 33408~~

Name

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

3801 PGA BLVD., SUITE 802

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SUGARMAN, LAWRENCE	
STREET ADDRESS	7100 NORTH MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 N. MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 (561)842-7100

Date

Daytime Phone #

LAWRENCE SUGARMAN, PRES.

CR2E034 (10/00)