## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P97000068081

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

SIGNATURE:

TRADITION CLUBHOUSE, INC.

!	1000

## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90098 035 \*\*\*150.00

Principal Place of Business 300 ROYAL PALM BCH BLVD ROYAL PALM BCH BLVD ROYAL PALM BCH BLVD ROYAL PALM BCH FL 33411 US  2. Principal Place of Business Suite. Apt. #, etc.  City & State Required S. Name and Address of Current Registered Agent Name CARR, DANIEL J 3340 SANTA BARBARA DR WEST PALM BEACH FL 33414 City FL Zip Code  8. The above named optify submits this state then for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent of the purpose of changing its registered agent of the purpose of purpose of changing its registered agent of the purpose of purpose of changing its registered agent of the purpose of purpose of purpose of changing its registered agent of the purpose of
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  CARR, DANIEL J  3340 SANTA BARBARA DR  WEST PALM BEACH FL 33414  City  FL Zip Code  8. The above named openly submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, Typed or prinded rays of registered agent and title if applicable  (NOTE: Registered Agent signature recuired when remotaling)  P. Election Campaign Financing Trust Fund Contribution.  SSON May Be Added to Fees  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PANIEL J CARR STREET ADDRESS  CITY-ST-ZIP  WEST PALM BEACH FL 33414
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Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Requ
6. Name and Address of Current Registered Agent  CARR, DANIEL J  3340 SANTA BARBARA DR  WEST PALM BEACH FL 33414  City  City  FL  Zip Code  8. The above named epity 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 rayle of registered agent and the if applicable  (NOTE: Registered Agent signature required when reinstaling)  P
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SIGNATURE  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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  WEST PALM BEACH FL 33414  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Ba Added to Fees  **TITLE** NAME STREET ADDRESS CITY-SI-ZIP  Change Addition  NAME STREET ADDRESS CITY-SI-ZIP  WEST PALM BEACH FL 33414
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  WEST PALM BEACH FL 33414  9. Election Campaign Financing Trust Fund Contribution.  Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  ON AND ELECTION CAMPAIGN STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  ON AND ELECTION CAMPAIGN STREET ADDRESS CITY-ST-ZIP  ON AND ELECTION CAMPAIGN STREET ADDRESS CITY-ST-ZIP  ON AND ELECTION CAMPAIGN STREET ADDRESS CITY-ST-ZIP  ON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  STREET ADDRESS CITY-ST-ZIP  ON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change
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12. I hereby certify that the information supplied with this ting 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 truty 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, and all other like empowered.