FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attact

SIGNATURE:

Jul 13, 2001 8:00 am P98000017171 DOCUMENT # **Secretary of State** 1. Entity Name FLAGLER COURT HOTEL, INC. 07-13-2001 90109 001 17.880.00 Principal Place of Business Mailing Address 535 CLEMATIS ST. 518 BANYAN BLVD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0814261 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNING, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) **518 BANYAN BLVD** WEST PALM BEACH FL 33401 Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits to DATE tered Agent signature required when reinstating) Signature, typed or printed name FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition CR2E034 (5/01) TITLE □ Delete TITLE Sagin) Clencitis Street CORNING, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 518 BANYAN BLVD. CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME PLETT, JASON STREET ADDRESS STREET ADDRESS 330 N "K" STREET CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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