

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90223 018 ***150.00

DOCUMENT # P98000055232

1. Entity Name
PALM BAY GOLF CLUB, INC.

Principal Place of Business
3375 BAYSIDE LAKES BLVD.
PALM BAY FL 32909

Mailing Address
P.O. BOX 100352
PALM BAY FL 32910

2. Principal Place of Business

3. Mailing Address

3375 Bayside Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Bay, FL

Zip
32909

Country

Zip
32909

Country

4. FEI Number **59-3533606**

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

HEALY, PATRICK F ESQ.
1499 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

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 _____ (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 **P** ☒ Delete
 NAME **PETRIDES, MILTON D**
 STREET ADDRESS **5380 N. OCEAN DR., STE. 10H**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

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

TITLE **EV** ☐ Delete
 NAME **FRASER, JAMES**
 STREET ADDRESS **1855 CATES ROAD**
 CITY-ST-ZIP **MCKEE CITY NJ 08232**

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

TITLE **D** ☐ Delete
 NAME **FRASER, DOUGLAS**
 STREET ADDRESS **1855 CATES ROAD**
 CITY-ST-ZIP **MCKEE CITY NJ 08232**

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

TITLE **D** ☐ Delete
 NAME **SIOK, BONNIE**
 STREET ADDRESS **1855 CATES ROAD**
 CITY-ST-ZIP **MCKEE CITY NJ 08232**

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

TITLE **D** ☐ Delete
 NAME **SIOK, DON**
 STREET ADDRESS **1855 CATES ROAD**
 CITY-ST-ZIP **MCKEE CITY NJ 08232**

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

TITLE **AS** ☒ Delete
 NAME **PETRIDES, DESPIN**
 STREET ADDRESS **5380 N. OCEAN DR., SUITE 10H**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ Change ☐ 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: **X** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)