## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P98000067364 1. Entity Name PREMIER ESCROW COMPANY 01-16-2002 90054 022 \*\*\*150.00 Principal Place of Business Mailing Address 151 BOYAL PALM WAY 151 ROYAL PALM WAY 704829 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0854295 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, BERNARD R III Street Address (P.O. Box Number is Not Acceptable) 777 S FLAGLER DR STE 500 E WEST PALM BEACH FL 33401 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE D۷ TITLE Delete ☐ Change ☐ Addition NAME ARON, JERRY E NAME STREET ADDRESS 777 S. FLAGLER DR., STE 500E STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIP TITLE DV ☐ Delete TITLE Change ☐ Addition NAME **BEALL. KENNETH S JR** NAME STREET ADDRESS 777 S. FLAGLER DR. STE 500 E STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIP TITLE DV ☐ Delete TITLE ☐ Addition ☐ Change NAME GRAHAM, ROBERT M NAME STREET ADDRESS 777 S. FLAGLER DR. STE 500E STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIP TITLE DPT ☐ Delete TITLE ☐ Change ☐ Addition NAME BAKER, BERNARD R III NAME STREET ADDRESS 777 S. FLAGLER DR., STE 500 E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME **BUDD, PAULA** NAME STREET ADDRESS 151 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MACKLER, DANIEL M NAME STREET ADDRESS 500 E. BROWARD BLVD., SUITE 1400 STREET ADDRESS CITY-ST-7iP FORT LAUDERDALE FL 33394 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 attackfired with an address, with all other like empowered.

of the corporation or the rec changed, or on an attacking

SIGNATURE:

**FILED**