2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000063966

1. Entity Name

HOWEY HILLS RESORT HOLDING CORPORATION



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90236 046 ***150.00

Zip Country Zip Country 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 MCDERMOTT, PETER 60-23 KNICKERBUCH BLVD, HWY 48 HOWEY IN THE HILLS FL 34737 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. I am familiar with, and act the obligations of registered agent. SIGNATURE 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 MAKE MAKE MODERMOTT, PETER J SIRRET ADDRESS CITY-ST-ZIP Delete ITILE MAKE SIRRET ADDRESS CITY-ST-ZIP Delete TITLE MAKE SIRRET ADDRESS CITY-ST-ZIP Country S. Certificate of Status Desired Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O.				
Suite, Apt. #, etc. G. Name and Address of Current Registered Agent S. Certificate of Status Desired Setting Agent Setting Agent Setting Address of Status Desired Setting Agent	50-23 KNICKERBOCKEN RD	60-23 KNICKERBOCKEN RD		
City & State Country Country S. Certificate of Status Desired SS.75 Additional Fee Required Fee Required Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required To Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) DATE DATE True Not Acceptable) DATE Signature Agent Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE A.75 Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptabl	. Principal Place of Business	3. Mailing Address		
Section Sect	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDERMOTT, PETER 60-23 KNICKERBUCH BLVD, HWY 48 HOWEY IN THE HILLS FL 34737 City FL Zip Code 6. 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. I am familiar with, and act the obligations of philadelphino of impatement agent and stell applicable. FILE NOW]!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Aft	City & State	City & State		4. FEI Number
MCDERMOTT, PETER 60-23 KNICKERBUCH BLVD, HWY 48 HOWEY IN THE HIRLS FL 34737 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. I am familiar with, and act the obligations of polistered agent. SIGNATURE Signature, hybrid of printed-une or ingititered agent are title if applicable. (NOTE Registered Agent signature required when reinstating) PATE 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 ITILE NAME SIREET ADDRESS CITY-ST-ZIP DUMONT NJ 07628 CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS S	Zip Country	Zip Cour	ntry	
MCDERMOTT, PETER 60-23 KNICKERBUCH BLVD, HWY 48 HOWEY IN THE HILLS FL 34737 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. I am familiar with, and act the obligations of positive of agent. Signature, typed or printed me of registered agent and title if applicable. (NOTE. Registered Agent signature required when renestating) PILE 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 ITILE MCDERMOTT, PETER J GO-23 KNICKERBOCKEN RD DUMONT NJ 07628 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
## HOWEY IN THE HILLS FL 34737 City FL Zip Code			Name	
## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS City FL Zip Code		<u> </u>	Street Address ((P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of polistered agent. SIGNATURE Signature, types of printed/grave of registered agent and title if applicable. (NOTE. Registered Agent signature required when renstaling) Signature, types of printed/grave of registered agent and title if applicable. (NOTE. Registered Agent signature required when renstaling) DATE				
the obligations of printed time of registered agent and little if applicable. 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 TITLE PST MCDERMOTT, PETER J SIREET ADDRESS CITY-ST-ZIP DUMONT NJ 07628 TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				FL
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 ITITLE PST MCDERMOTT, PETER J STREET ADDRESS CITY-ST-ZIP DUMONT NJ 07628 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	the obligations of registered agent.	for the purpose of changing its register	red office or register	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	Signature, typed or printed name of registered ag	nt and title if applicable. (NOTE: Registere	ed Agent signature required	ed when reinstaling) DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After May 1, 2003 Fee will be \$550.0			· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10. OFFICERS AN	D DIRECTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Delete TITLE Change A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE TITLE NAME NAME NAME STREET ADDRESS	MCDERMOTT, PETER J 60-23 KNICKERBOCKEN RD	. NAN Str	ME REET ADDRESS	☐ Change ☐ Additi
TITLE	TITLE NAME STREET ADDRESS	NAA Str	ME REET ADDRESS	☐ Change ☐ Additi
	ITTLE NAME STREET ADDRESS	NAM Str	ME REET ADDRESS	☐ Change ☐ Additi
	TITLE NAME STREET ADDRESS	NAA Str	ME REET ADDRESS	☐ Change ☐ Additi
	TITLE NAME STREET ADDRESS	. NAM Str	ME REET ADDRESS	☐ Change ☐ Addit
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STR CIT	ME REET ADDRESS TY-ST-ZIP	

indicated on this report or supplied with this mining does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an adulties, with all other like empowered.