

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 004 ***150.00

0385907 AV

DOCUMENT # P99000079011

1. Entity Name
SKI GP, INC.



Principal Place of Business
**4400 PGA BLVD. SUITE 900
PALM BEACH GARDENS FL 33410**

Mailing Address
**4400 PGA BLVD. SUITE 900
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

900 S. Federal Hwy.

Suite, Apt. #, etc.

Suite #321

City & State

City & State
Stuart, FL

Zip

Country

Zip
34994

Country

Martin

4. FEI Number

65-0955169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHERRY, RICHARD G
4400 PGA BLVD, SUITE 900
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STETSON, J M**
STREET ADDRESS **900 S FEDERAL HWY STE 321**
CITY-ST-ZIP **STUART FL 34994**

TITLE **VS** ☐ Delete
NAME **RICHMAN, GERALD F**
STREET ADDRESS **250 AUSTRALIAN AVE S STE 1504**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☐ Delete
NAME **PEARSON, GEORGIA S**
STREET ADDRESS **4111 SAN AMARO DR**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Stetson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

772-286-2440

Date

Daytime Phone #

CR2E034 (10/02)