## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$15590**

1. Entity Name

WINDSOR POLO CLUB, INC.

Principal Place of Business

3125 WINDSOR BLVD.
VERO BEACH FL 32963

Mailing Address

3125 WINDSOR BLVD. VERO BEACH FL 32963-9430

## FILED May 03, 2000 8:00 am Secretary of State

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Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE						)   <b>       </b>	), <b>03</b> ), <b>0</b> 10), <b>0</b> 10), <b>1</b>	)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	1 <b>1 1 1 1 1 1 1 1 1</b> 1
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired   \$8.75 Additional rice Registered Agent   \$8.75 Additional rice Required Agent   \$8	. Principal Pl	ace of Business	3. Mailing Address						
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional reversation   \$8.75 Addition	Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
S. Name and Address of New Registered Agent	City & State		City & State	City & State		FEI Number 65-02520	18	_ <del> </del>	plied For t Applicable
OUINN, JEROME D. 3111 CARDINAL DRIVE VERO BEACH FL 32963  City FL Zip Code  City FL	Zip	Country	Zìp	Country	5.	Certificate of Status Desired			
OUINN, JEROME D. 3111 CARDINAL DRIVE VERO BEACH FL 32983  City FL Zip Code  City FL		6, Name and Address of Current I	Registered Agent			Name and Address of New	Registered Ag	ent	
After MAY 1, 200 Fee will be \$55.00 May E Trust Fund Contribution.   Signature new ending to the elects; to do so.   After MAY 1, 200 Fee will be \$55.00 Make Check Payable to Department of State   Signature new ending to the elects; to do so.   After MAY 1, 200 Fee will be \$55.00 Make Check Payable to Department of State   Signature new ending when remaining   Signature new ending when rem					ame				
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.    Interpretation is eligible to satisfy its Intangible   Signature. head or printed when decists of do so.	3111 CARDINAL DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE   Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rentating)   This corporation is eligible to satisfy its Intangible Task filing requirement and elects to do so. (See criteria on back)   See criteria on back)   Pile NOW!!! FEE IS \$150.00					ity		FL	Zip Code	9
SIGNATURE   Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rentating)   This corporation is eligible to satisfy its Intangible Task filing requirement and elects to do so. (See criteria on back)   See criteria on back)   Pile NOW!!! FEE IS \$150.00	The	named antity submits this statement for	the nurnees of changing its s	anistered o	ffine or registered as	nent or both in the State of F	lorida	<del></del> -	
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Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAME AME RIRECT ADDRESS TITLE AME TOOMEY, ROBERT AME						<del></del>			
ARTER MAY 1, 2000 Fee will be \$595.00.    ARTER MAY 1, 2000 Fee will be \$595.00.   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See Criteria on back)   Trust Fund Contribution   Trust Fund Contribution   Added to Fees (See Criteria on back)   Trust Fund Contribution   Trust Fund Contribut	or this corporation to among the mining the					10. Election Campaign F	inancing	\$5.0	May Be
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13. I hereby certify that the information surplied 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 a paddress with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #