

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82339

1. Entity Name

PALM BEACH HOSPITALITY GROUP, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90084 007 ***150.00

Principal Place of Business

280 SUNSET AVE.
PALM BEACH FL 33480

Mailing Address

280 SUNSET AVE
PALM BEACH FL 33480-3815

2. Principal Place of Business

1515 SO. FLAGLER DR.

Suite, Apt. #, etc.

2104

City & State

WEST PALM BEACH, FL.

Zip

33401

Country

USA

3. Mailing Address

1515 SO. FLAGLER DR.

Suite, Apt. #, etc.

2104

City & State

WEST PALM BEACH, FL.

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0289186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, JAMES U.

280 SUNSET AVE

PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

CLARKE, JAMES U.

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

1515 SO. FLAGLER DR # 2104

City

WEST PALM BEACH, FL

Zip Code

33401

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

James U. Clarke

JAMES U. CLARKE
PRESIDENT

1/11/2000

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

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

TITLE D
NAME CLARKE, JOHN M.
STREET ADDRESS 280 SUNSET DR
CITY-ST-ZIP PALM BCH. FL ☐ Delete

TITLE D
NAME CLARKE, JAMES U.
STREET ADDRESS 280 SUNSET AVE
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE D
NAME CLARKE, MARGARET
STREET ADDRESS 280 SUNSET DR
CITY-ST-ZIP PALM BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1200 SO. FLAGLER DR. #1506
CITY-ST-ZIP WEST PALM BEACH, FL. 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1515 SO. FLAGLER DR. # 2104
CITY-ST-ZIP WEST PALM BEACH, FL. 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1200 SO. FLAGLER DR. # 1506
CITY-ST-ZIP WEST PALM BEACH, FL. 33401 ☒ Change ☐ Addition

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

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

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

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:

James U. Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES U. CLARKE, 1/11/2000

Date

Daytime Phone #

561 833-2444