

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0000805

DOCUMENT # 709465

1. Entity Name

BOCA RIO GOLF CLUB, INC.

04-07-2002 90085 044 ****61.25

Principal Place of Business

Mailing Address

**22041 BOCA RIO ROAD
 BOCA RATON FL 33433**

**22041 BOCA RIO ROAD
 BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1101673

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEUTCH, JEFFREY A.
 % BROAD AND CASSEL
 7777 GLADES ROAD, STE. 300
 BOCA RATON FL 33434**

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.

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 \$61.25

12990

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

053

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **VPD TAUB, MELVIN**
 STREET ADDRESS: **120 SE 5TH AVE**
 CITY-ST-ZIP: **BOCA RATON FL**

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

TITLE: Delete
 NAME: **AS NELSON, M E**
 STREET ADDRESS: **12155 NW 30TH ST**
 CITY-ST-ZIP: **CORAL SPRINGS, FL 00000**

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

TITLE: Delete
 NAME: **TD BUBES, DAVID**
 STREET ADDRESS: **4550 N. PARK AVE**
 CITY-ST-ZIP: **BOCA RATON FL**

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

TITLE: Delete
 NAME: **PD ADLER, ROBERT P**
 STREET ADDRESS: **2385 N.W. 46TH ST..**
 CITY-ST-ZIP: **BOCA RATON FL**

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

TITLE: Delete
 NAME: **SD BERMAN, PHILIP**
 STREET ADDRESS: **1400 S OCEAN BLVD**
 CITY-ST-ZIP: **BOCA RATON FL 33432**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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 617, 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 *561-482-3300*
 Date Daytime Phone #

CR2E037 (9/01)