

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729326

1. Entity Name

POMPANO BEACH CLUB NORTH ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90105 028 \*\*\*\*61.25

Principal Place of Business

101 BRINY AVE.  
 POMPANO BEACH FL 33062

Mailing Address

101 BRINY AVE.  
 POMPANO BEACH FL 33062-5610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1616913

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**

KAYE AND ROGER, PA  
 6261 NW 6 WAY  
 STE 103  
 FT LAUDERDALE FL 33309

**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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, SIDNEY	
STREET ADDRESS	101 BRINY AVENUE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANTZ, STEVE	
STREET ADDRESS	101 BRINY AVE #2401	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNETT, JULIEANNE	
STREET ADDRESS	101 BRINY AVE #2503	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERDONE, PETER R	
STREET ADDRESS	101 BRINY AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARENTE, MICHAEL	
STREET ADDRESS	101 BRINY AVENUE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREENE, SIDNEY	
STREET ADDRESS	101 BRINY AVE.	
CITY-ST-ZIP	POMPANO BCH. FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODLASZEWSKI, MATTHEW	
STREET ADDRESS	101 BRINY AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVOLINA, CHARLES	
STREET ADDRESS	101 BRINY AVE.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, JULIANNE	
STREET ADDRESS	101 BRINY AVE., #2503	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDONE, PETER R	
STREET ADDRESS	101 BRINY AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, SIDNEY	
STREET ADDRESS	101 BRINY AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)