

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90089 003 ****61.50

DOCUMENT # 743502
 1. Entity Name
EASTPOINTE COUNTRY CLUB, INC.

Principal Place of Business Mailing Address
13535 EASTPOINTE BLVD. **13535 EASTPOINTE BLVD.**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1839098 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KUSS, DONALD
13861 SAND CRANE DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name **Jacobson, Gladys**
 Street Address (P.O. Box Number is Not Acceptable)
6283 Brandon St
 City **Palm Beach Gardens** **FL** Zip Code **33418**

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: DATE: **1/24/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	2VP ANTONOFF, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	T KRAUS, STEVEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	S HAMBURG, ELAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	VPD JACOBSON, GLADYS	<input type="checkbox"/> Delete
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	PD GERSON, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	S O'BREIN, CLAIRE	<input type="checkbox"/> Delete
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD ANTONOFF, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T Schlossberg, BERNARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Jacobson, Gladys	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	2VP ETRA, SHERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE: **1/24/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)