

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90206 020 ****70.00

DOCUMENT # **743502**

1. Entity Name
EASTPOINTE COUNTRY CLUB, INC.



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

Mailing Address
**13535 EASTPOINTE BLVD.
PALM BEACH GARDENS FL 33418**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1839098		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SELESNICK, MICHAEL 6249 WOODCUTTER COURT PALM BEACH GARDENS FL 33418				Name Squire, Trent			
				Street Address (P.O. Box Number is Not Acceptable)			
				13535 East Pointe Blvd.			
				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **1-23-03**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, HOWARD 13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, HOWARD 13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOLOSSBERG, BERNARD 13535 EASTPOINTE BLVD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALIBEO, JOSEPH 6172 CELADON CIR. PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELESNICK, MICHAEL 13535 EASTPOINTE BLVD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP LASSMAN, IRA 6339 WOODTHRUSH CT PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HOFFMAN, MORT 13535 EASTPOINTE BLVD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BREIN, CLAIRE 13535 EASTPOINTE BLVD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(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 another like empowered.

SIGNATURE DATE **1-23-03** DAYTIME PHONE # **561-626-6860**

CR2E037 (10/02)