

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746847

1. Entity Name

HIGH RIDGE COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

2400 HYPOLUXO ROAD
P O BOX 3939
BOYNTON BEACH FL 33424-0939

P O BOX 3939
BOYNTON BEACH FL 33424-3939
US

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

59-1905911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

TITLE VPD
NAME BORNSTEIN, RICHARD
STREET ADDRESS 2 SLOANS CURVE DRIVE
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

TITLE DP
NAME WEST, MORTON
STREET ADDRESS 2100 S OCEAN BLVD, 208 N
CITY-ST-ZIP PALM BCH FL ☐ Delete

TITLE DT
NAME GREENBLATT, ALLAN
STREET ADDRESS 2000 S OCEAN BLVD, 206 S
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE DS
NAME SUSSMAN, JACK
STREET ADDRESS 2770 S OCEAN BLVD, 303 S
CITY-ST-ZIP PALM BCH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DS
NAME Daniel Amster
STREET ADDRESS 2100 S. Ocean Blvd, 601-S
CITY-ST-ZIP Palm Beach, FL 33480 ☐ Change ☒ Addition

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

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

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:

Donald J. Sheehy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 561-586-3333
Date Daytime Phone #