

2001 UNIFORM BUSINESS REPORT (UBR)

2/6

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

02-06-2001 90264 018 ****61.25

DOCUMENT # 746847

1. Entity Name

HIGH RIDGE COUNTRY CLUB, INC.

Principal Place of Business

2400 HYPOLUXO ROAD
P O BOX 3339
BOYNTON BEACH FL 33424-0939

Mailing Address

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

SHEEHY, DONALD
2400 HYPOLUXO ROAD
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Carlos Perez

Street Address (P.O. Box Number is Not Acceptable)

2400 Hypoluxo Road

City

Lantana

FL

Zip Code

33462

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

Carlos Perez, Gen. Manager

1/23/01

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

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

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

TITLE **DS** ☐ Delete
NAME **AMSTER, DANIEL**
STREET ADDRESS **2100 S OCEAN BLVD 601-S**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Leen Fasser**
CITY-ST-ZIP **2000 S. Ocean Blvd -**

TITLE ☐ Change ☒ Addition
NAME **Vice Pres.**
STREET ADDRESS **Irving R. Ranson**
CITY-ST-ZIP **3100 S. Ocean Blvd # 605-N**

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:

SIGNATURES REQUIRED Fasser Secretary

1/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)