2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90013 017 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2400 Hypoluxo Rd	P.O. Box 243939
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lantana FL	City & State: Boynton Bch FL
Zip: 33462 Country: Palm Bch	Zip: 33424-3939 Country: Palm Bch

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
PEREZ, CARLOS 2400 HYPOLUXO ROAD LANTANA FL 33462	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BORNSTEIN, RICHARD 2 SLOANS CURVE DRIVE PALM BCH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RANSEN, IRVING R 3100 S OCEAN BLVD # 605-N PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GREENBLATT, ALLAN 2000 S OCEAN BLVD, 206 S PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS AMSTER, DANIEL 2100 S OCEAN BLVD 601-S PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FASSLER, LEON 2500 S OCEAN BLVD PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #