

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90421 001 ****75.00

DOCUMENT # 750126

1. Entity Name

PALM AIRE MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business

**C/O JACK LEVY
APT. 708
POMPANO BEACH FL 33069
US**

Mailing Address

**3510 OAKS WAY
APT 708
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2129792**

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

**LEVY, JACK L DR.
3510 OAKS WAY
APT 708
POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DP FORREST, MARTIN DR. 2681 S. COURSE DRIVE, APT 611 POMPANO BEACH FL 33069</p> <p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DP ROSSOF, Marvin 3507 Oaks Way Apt 207 Pompano Beach FL 33069</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DVP ROSSOF, MARVIN 3507 OAKS WAY, APT 207 POMPANO BEACH FL 33069</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DVP Behrman Lawrence Dr. 807 E Cypress Lane Pompano Beach FL 33069</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DS HEXTER, ROBERT 3051 N. COURSE DRIVE, APT 706 POMPANO BEACH FL 33069</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DS Hexter Robert 3051 N. Course Drive Apt 706 Pompano Beach FL 33069</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DT LEVY, JACK L DR 3510 OAKS WAY, APT 708 POMPANO BEACH FL 33069</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DT Levy Jack L. Dr. 3510 Oaks way Apt 708 Pompano Beach FL 33069</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 954-974-3917

CR2E037 (10/02)