

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90107 003 ****61.25

DOCUMENT # 759908

1. Entity Name

BOCA LAGO COUNTRY CLUB, INC.

Principal Place of Business

8665 JUEGO WAY
BOCA RATON FL 33433-2099
US

Mailing Address

8665 JUEGO WAY
BOCA RATON FL 33433-2005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2120961

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STIFTER, GENE P
8665 JUEGO WAY
BOCA RATON FL 33433-2099

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 **VP** ☒ Delete
NAME **HORN, HARVEY DR.**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **HERB SHAPIRO**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **PD** ☒ Delete
NAME **BRODSKY, LEONARD**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☐ Change ☒ Addition
NAME **ROBERT STRAUSS**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VD** ☐ Delete
NAME **KAPLAN, SHIRLEY**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON FL 33433-2099**

TITLE **SD** ☒ Change ☐ Addition
NAME **KAPLAN, SHIRLEY**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **SD** ☒ Delete
NAME **KAPLAN, SJIRLEY**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **GREEN, SHIRLEY**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **TD** ☐ Delete
NAME **MIDDLETON, DAVID**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PD** ☒ Change ☐ Addition
NAME **MIDDLETON, DAVID**
STREET ADDRESS **8665 JUEGO WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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: David Middleton **DAVID MIDDLETON, 1-6-00 861-482-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)