2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 759908 1. Entity Name

FILED Jan 31, 2001 8:00 am Secretary of State

BOCA LAGO COUNTRY CLUB, INC.							01-31-2001 90292 018 ****61.25			
Principal Plac	ce of Business		Mailing Address							
8665 JUEGO WAY BOCA RATON FL 33433-2099 US			8665 JUEGO WAY BOCA RATON FL 33433-2099 US			1.1 ■ 1111	COO13834			
2. Principal F	Place of Busine	PSS .	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Numbe	Applied For Not Applicable			
Zip Country			Zip	Country		5. Certificate	of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
	—				Name		mage = -			
STIFTER, GENE P 8665 JUEGO WAY					Street Address (P.O. Box Number is Not Acceptable)					
	ATON FL 334	33-2099								
DOOMIN	1,011 1 2 001	55 <u>255</u> 0			City FL Zip Code					
SIGNATURE		r printed name of registered agent a	and title if applicable. (NOT) 9. Election Campaign			re required when reinstating)	DATE Make Check			
	FEE IS		Trust Fund Contrib			\$5.00 May Be Added to Fees		nt of State	'	
0.		OFFICERS AND DIR	RECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN		
ITLE	VP				. 1					
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CITY-ST-ZIP	0000 00200 11111			NAME	Ε	VN		☐ Change	Addition	
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	BOCA RAT	GO WAY FON FL	□ Delete □ Delete	NAME STREE	E Et address -St-Zip	372 794 5 2338	INER VEGO WAY		Addition	
AME	BOCA RAT	GO WAY FON FL ROBERT		NAME STRES CITY- TITLE NAME	E Et address -St-Zip	372 794 5 2338	INER VEGO WAY	3		
IAME TREET ADDRESS	BOCA RAT PD STRAUSS,	GO WAY FON FL ROBERT GO WAY		NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP E	372 794 5 2338	INER VEGO WAY	3		
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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 a other like empowered.

SIGNATURE;

1-23-01 561-482-5000