

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-09-2000 90099 041 ****61.25

DOCUMENT # 763361

1. Entity Name

BOCA GROVE GOLF AND TENNIS CLUB, INC.

Principal Place of Business

Mailing Address

21351 WHITAKER DRIVE
 BOCA RATON FL 33433

21351 WHITAKER DRIVE
 BOCA RATON FL 33433-7469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2197326

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

GERSON, GARY N.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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	VD	<input checked="" type="checkbox"/> Delete
NAME	GROTSKY, HARVEY	
STREET ADDRESS	21351 WHITAKER DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILBERT, BRUCE	
STREET ADDRESS	21351 WHITAKER DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ENGERMAN, JEROME	
STREET ADDRESS	21351 WHITAKER DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, JACK P	
STREET ADDRESS	21351 WHITAKER DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angstrom, Sandy	
STREET ADDRESS	21351 Whitaker Drive	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reshefsky, Ron	
STREET ADDRESS	21351 Whitaker Drive	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grotsky, Harvey	
STREET ADDRESS	21351 Whitaker Drive	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	asst. sec - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feldman, Larry	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)