

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765229

1. Entity Name

ST. ANDREWS COUNTRY CLUB, INC.

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90005 043 ****61.25

Principal Place of Business

17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496

Mailing Address

17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2000688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELLER, JULIE
ST. ANDREWS COUNTRY CLUB, INC.
17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: Michael G. Vizzi
Street Address (P.O. Box Number is Not Acceptable)
St. Andrews Country Club
17557 Claridge Oval West
City Boca Raton FL Zip Code 33496

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

Michael G. Vizzi

Michael G. Vizzi

1/9/2002

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHILLER, MARVIN	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIRECTOR, GERALD	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOFSKY, RICHARD	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERMANN, RON	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WITENSTEIN, JULES	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREENSAUM, STANLEY	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)