

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90044 026 \*\*\*\*61.25

**DOCUMENT # 765906**

1. Entity Name

**EASTPOINTE COUNTRY CLUB CHARITY FUND, INC.**

Principal Place of Business

13535 EASTPOINTE BLVD.  
 PALM BEACH GARDENS FL 33418-1414

Mailing Address

13535 EASTPOINTE BLVD.  
 PALM BEACH GARDENS FL 33418-1499

00018520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2252755**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REESE, ROGER**  
**13535 EASTPOINTE BLVD**  
**PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	KAY, CLARENCE	
STREET ADDRESS	6205 CELADON CIR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	CCD	<input type="checkbox"/> Delete
NAME	KATZ, BURTON	
STREET ADDRESS	6572 EASTPOINTE PINES STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	CCD	<input type="checkbox"/> Delete
NAME	GRIMPEL, BARBARA	
STREET ADDRESS	6250 WOODCUTTER CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, HOWARD	
STREET ADDRESS	13257 BONNETTE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REICH, BRIAN	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	KRAUS, SUZANNE	
STREET ADDRESS	13397 GARTH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reese, Roger	
STREET ADDRESS	13535 Eastpointe Blvd.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
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: HOWARD GOLDSTEIN  
 Signature Required Treas. 2/7/00

CR2E037 (9/99)