

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90015 047 \*\*\*\*61.25

**DOCUMENT # 765906**

1. Entity Name

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

Principal Place of Business

Mailing Address

13535 EASTPOINTE BLVD.  
 PALM BEACH GARDENS FL 33418-1414

13535 EASTPOINTE BLVD.  
 PALM BEACH GARDENS FL 33418-1414

**CU032804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2252755**

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

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

Name

~~Harry M. Kenney~~

Street Address (P.O. Box Number is Not Acceptable)

13535 Eastpointe Blvd

City

Palm Beach Gardens

**FL**

Zip Code

33410

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 Harry M. Kenney

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

3/6/01

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 **SD**  Delete  
 NAME **KAY, CLARENCE**  
 STREET ADDRESS **6205 CELADON CIR**  
 CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CCD**  Delete  
 NAME **KATZ, BURTON**  
 STREET ADDRESS **6572 EASTPOINTE PINES STREET**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CCD**  Delete  
 NAME ~~GRIMPEL, BARBARA~~  
 STREET ADDRESS **6250 WOODCUTTER CT**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **GOLDSTEIN, HOWARD**  
 STREET ADDRESS **13257 BONNETTE DR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V.P.D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **REESE, ROGER**  
 STREET ADDRESS **13535 EASTPOINTE BLVD**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **TD**  Change  Addition  
 NAME **Herbert Polakoff**  
 STREET ADDRESS **13445 Whispering Lakes Lane**  
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **ATD**  Delete  
 NAME **KRAUS, SUZANNE**  
 STREET ADDRESS **13397 GARTH COURT**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

*Howard Goldstein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

Daytime Phone #

CR2E037 (10/00)