

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90098 038 \*\*\*\*61.25

**DOCUMENT # 765906**

1. Entity Name

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

Principal Place of Business <b>13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418-1414</b>	Mailing Address <b>13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418-1414</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2252755**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**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 **Squire, Trent R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13535 Eastpointe Blvd.**  
 City **Palm Beach Gardens**      **FL**      Zip Code **33418**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KAY, CLARENCE 6205 CELADON CIR PALM BCH GARDENS FL 33418</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCD KATZ, BURTON 6572 EASTPOINTE PINES STREET PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GRIMPEL, BARBARA 6250 WOODCUTTER CT PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD POLAKOFF, HERBERT 13445 WHISPERING LAKE LN PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP REESE, ROGER 13535 EASTPOINTE BLVD PALM BEACH GARDENS FL 33418</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATD KRAUS, SUZANNE 13397 GARTH COURT PALM BEACH GARDENS FL 33418</b> <input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Grimpel, Barbara 843 Oak Harbour Dr. Juno Beach, FL 33408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Squire, Trent R 13535 Eastpointe Blvd. Palm Beach Gardens, FL 33418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Rubin, Janet 13856 Sand Crane Drive Palm Beach Gardens, FL 33418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** \_\_\_\_\_      **2/4/02**      **501 626 6860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)