

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90166 047 ****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 33418-1414

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Trent Squire

13535 EASTPOINTE BLVD
PALM BEACH GARDENS FL 33418

Name **SQUIRE, TRENT**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D GRIMPEL, BARBARA** Delete
STREET ADDRESS
CITY-ST-ZIP **843 OAK HARBOUR DR
JUNO BEACH, FL 33408**

TITLE
NAME **D** Change Addition
STREET ADDRESS
CITY-ST-ZIP **Howard Goldstein
13257 Bonnette Dr.
Palm Beach Gardens, FL 33418**

TITLE
NAME **TD POLAKOFF, HERBERT** Delete
STREET ADDRESS
CITY-ST-ZIP **13445 WHISPERING LAKE LN
PALM BEACH GARDENS FL 33418**

TITLE
NAME **TD** Change Addition
STREET ADDRESS
CITY-ST-ZIP **Kenneth Leichman
6490 Eastpointe Pines Street
Palm Beach Gardens, FL 33418**

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

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VPD RUBIN, JANET** Delete
STREET ADDRESS
CITY-ST-ZIP **13856 SAND CRANE DRIVE
PALM BEACH GARDENS FL 33418**

TITLE
NAME **VPD** Change Addition
STREET ADDRESS
CITY-ST-ZIP **Renee Salzman
6150 Brandon St
Palm Beach Gardens, FL 33418**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
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:

Kenneth W. Leichman **KENNETH W. LEICHMAN** 2/4/03 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)