

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 12, 2000 8:00 am
Secretary of State

03-28-2000 90061 049 ****61.25

DOCUMENT # N07223

1. Entity Name

STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA RATON,

Principal Place of Business

Mailing Address

10343 STONEBRIDGE BLVD
 BOCA RATON FL 33498-6443

10343 STONEBRIDGE BLVD
 BOCA RATON FL 33498-6406



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

59-2539217

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

BARNETT, GENE
10343 STONEBRIDGE BLVD
BOCA RATON FL 33498

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:
FEES 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, GENE	
STREET ADDRESS	10343 STONEBRIDGE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel E. Kestenbaum	
STREET ADDRESS	10343 Stonebridge Blvd	(D)
CITY-ST-ZIP	Boca Raton, FL 33498	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUBROW, JOEL	
STREET ADDRESS	10343 STONEBRIDGE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leon Meshel	
STREET ADDRESS	10343 Stonebridge Blvd	(D)
CITY-ST-ZIP	Boca Raton, FL 33498	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SALOVIN, ALLAN	
STREET ADDRESS	10343 STONEBRIDGE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan Salovin	
STREET ADDRESS	10343 Stonebridge Blvd	(D)
CITY-ST-ZIP	Boca Raton, FL 33498	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, STUART	
STREET ADDRESS	10343 STONEBRIDGE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold Fleisig	
STREET ADDRESS	10343 Stonebridge Blvd	(D)
CITY-ST-ZIP	Boca Raton, FL 33498	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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 like empowered.

SIGNATURE:

Arnold Fleisig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
 Date

561-488-0800
 Daytime Phone #