

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/3

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90204 024 \*\*\*\*70.00

**DOCUMENT # N09043**

1. Entity Name

**BOCA WEST COUNTRY CLUB, INC.**

Principal Place of Business

P O BOX 3070  
 BOCA RATON FL 33431-7970

Mailing Address

P O BOX 3070  
 BOCA RATON FL 33431-7970

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

**59-2596122**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HRAWG CORP**  
**2000 GLADES RD., SUITE 400**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

B. 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 **D**  Delete  
 NAME **LIPKIN, WALTER**  
 STREET ADDRESS **20583 BOCA WEST DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 32434**

TITLE **D**  Delete  
 NAME **ALLEN, VIVIAN**  
 STREET ADDRESS **20583 BOCA WEST DR**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Delete  
 NAME **SNEIDER, MICHAEL**  
 STREET ADDRESS **20583 BOCA WEST DR**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **P**  Delete  
 NAME **DIPIETRO, JAY**  
 STREET ADDRESS **20583 BOCA WEST DR**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Delete  
 NAME **TRIPODI, PAUL**  
 STREET ADDRESS **20583 BOCA WEST DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Delete  
 NAME **LECHNER, MELVIN**  
 STREET ADDRESS **20583 BOCA WEST DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairman & C.E.O.**  Change  Addition  
 NAME **Leonard Dopkins**  
 STREET ADDRESS **20583 Boca West Drive**  
 CITY-ST-ZIP **Boca Raton, FL 33434** **D**

TITLE **First Vice President**  Change  Addition  
 NAME **Robert I. Greenberg**  
 STREET ADDRESS **20583 Boca West Drive**  
 CITY-ST-ZIP **Boca Raton, FL 33434** **D**

TITLE **Financial Vice President**  Change  Addition  
 NAME **Melvin Lechner**  
 STREET ADDRESS **20583 Boca West Drive**  
 CITY-ST-ZIP **Boca Raton, FL 33434** **D**

TITLE **President**  Change  Addition  
 NAME **Jay DiPietro**  
 STREET ADDRESS **20583 Boca West Drive**  
 CITY-ST-ZIP **Boca Raton, FL 33434** **D**

TITLE **Secretary/Treasurer**  Change  Addition  
 NAME **Stanley Emas**  
 STREET ADDRESS **20583 Boca West Drive**  
 CITY-ST-ZIP **Boca Raton, FL 33434** **D**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
**REQUIRED PRE-6.M**

Date **3-25-02**

Daytime Phone # **561-488-6937**

CR2E037 (9/01)

27640



DO NOT WRITE IN THIS SPACE