

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90370 031 ****61.25

DOCUMENT # N15995

1. Entity Name

BOCA WOODS COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business

**10471 BOCA WOODS LANE
BOCA RATON FL 33428**

Mailing Address

**10471 BOCA WOODS LANE
BOCA RATON FL 33428**

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

59-2720777

Applied For

Not Applicable

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

**HIRSCHFELD, LEON
10471 BOCA WOODS LANE
BOCA RATON FL 33428**

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

Leon Hirschfeld/Controller**4-10-2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **TD** ☒ Delete
NAME **GRABELSKY, BERNARD**
STREET ADDRESS **11410 BOCA WOODS LANE**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Alan Shefter**
STREET ADDRESS **10795 White Aspen Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**TITLE **PD** ☐ Delete
NAME **SAYPOL, EUGENE S**
STREET ADDRESS **21715 OLD BRIDGE TRL**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **SHEFTER, ALAN**
STREET ADDRESS **10795 WHITE ASPEN LN**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE **Secretary** ☐ Change ☒ Addition
NAME **Alvin Goldenberg**
STREET ADDRESS **11126 Clover Leaf Circle**
CITY-ST-ZIP **Boca Raton, FL 33428**TITLE **VPD** ☐ Delete
NAME **HENDLER, RICHARD**
STREET ADDRESS **10740 RIVER GLEN DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Eugene Saypol/President**4-10-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)