

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90079 035 ****61.25

DOCUMENT # N44269

1. Entity Name

CLEARBROOK VILLAGE, INC.

Principal Place of Business

Mailing Address

10700 CEDAR POINT BLVD.
 BOYNTON BEACH FL 33437

10700 CEDAR POINT BLVD.
 BOYNTON BEACH FL 33437

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

65-0301722

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

CUSTOM PROPERTY MANAGEMENT, INC.
2328 SOUTH CONGRESS AVENUE, SUITE 2A
WEST PALM BEACH FL 33406

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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **VPD CHADWICK, HAL**
 STREET ADDRESS **10023 53RD WAY S #1802**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☒ Addition
 NAME **VPD SHUBIN, STANLEY**
 STREET ADDRESS **10023 53RD WAY S #1801**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☒ Delete
 NAME **PD CUTLER, PHILIP**
 STREET ADDRESS **10063 53RD WAY SO 701**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☒ Addition
 NAME **PD SCHULLER, BERNARD**
 STREET ADDRESS **10061 53RD WAY S #1002**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
 NAME **TR SAFTON, GERALD**
 STREET ADDRESS **10011 53RD WAY SO 1502**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD SYLVETSKY, JOAN**
 STREET ADDRESS **10043 -53RD WAY S #2403**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D SCHULLER, BERNARD**
 STREET ADDRESS **10061 53RD WAY SOUTH #1002**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D GOLDMAN, HARRIET**
 STREET ADDRESS **10075 53RD WAY SO #1402**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

if

4/15/02 J61-232-4389