

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90136 014 \*\*\*\*61.25

**DOCUMENT # N45240**

1. Entity Name

**HILLSBORO PINES GOLF CLUB, INC.**

Principal Place of Business

Mailing Address

2410 CENTURY BLVD  
 DEERFIELD BEACH FL 33442  
 US

2410 CENTURY BLVD  
 DEERFIELD BEACH FL 33442-3378  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0291845**

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

**BURR, ROBERT**  
**301 YAMATO ROAD**  
**SUITE 4150**  
**BOCA RATON FL 33431**

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:**  
**SEE 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <b>POPELSKY, MARTIN M</b> <b>RICHMOND C 216</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T D</b> <b>SILVERMAN, NATHAN</b> <b>CAMBRIDGE D 4022</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEIN, REVA</b> <b>NEWPORT U 1115</b> <b>DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>STEIN, GEORGE</b> <b>NEWPORT U 1115</b> <b>DEERFIELD BCH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARLATORE, JAMES</b> <b>WESTBURY B28</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SOBEL, DAVID A</b> <b>LYNDHURST H-3048</b> <b>DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres, DIRECTOR</b> <b>Eugene Ferrero</b> <b>Lyndhurst N 3065</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS, DIRECTOR</b> <b>Benjamin Kernoff</b> <b>Tilford I 178</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>SAM LATZER</b> <b>PRESCOTT M 253</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>OSCAR BARNETT</b> <b>VENTNOR O 3054</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>IRVING RUGA</b> <b>VENTNOR P 1067</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, DIR.</b> <b>DAVID SOBEL</b> <b>Lyndhurst H 3048</b> <b>Deerfield Beach, FL 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *DAVID SOBEL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/18/00* Daytime Phone #: *954-421-1188*

601587



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)