

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 024 ****61.25

0053036

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
 US

00003826



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

65-0291845

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

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:
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: **P D** Delete
 NAME: **FERRERO, EUGENE**
 STREET ADDRESS: **LYNDHURST N 3065**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

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

TITLE: **T D** Delete
 NAME: **KERNOFF, BENJAMIN**
 STREET ADDRESS: **TILFORD I 178**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

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

TITLE: **D** Delete
 NAME: **STEIN, REVA**
 STREET ADDRESS: **NEWPORT U 1115**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

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

TITLE: **DS** Delete
 NAME: **STEIN, GEORGE**
 STREET ADDRESS: **NEWPORT U 1115**
 CITY-ST-ZIP: **DEERFIELD BCH FL 33442**

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

TITLE: **D** Delete
 NAME: **LATZER, SAM**
 STREET ADDRESS: **PRESCOTT M 253**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

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

TITLE: **VP** Delete
 NAME: **SOBEL, DAVID A**
 STREET ADDRESS: **LYNDHURST H-3048**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 A. SOBEL*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/18/01* 954-421-1358
 Daytime Phone #

CR2E037 (10/00)