

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90435 043 ***150.00

0392073 AV

DOCUMENT # V52748

1. Entity Name
NEWCEN GOLF COURSE, INC.



Principal Place of Business
**100 CENTURY BLVD
WEST PALM BEACH FL 33417
US**

Mailing Address
**100 CENTURY BLVD
WEST PALM BEACH FL 33417
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0346293**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEROLA, MARY JANE
100 CENTURY BLVD
WEST PALM BEACH FL 33417**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEVY, H. IRWIN | |
| STREET ADDRESS | 100 CENTURY BLVD. | |
| CITY-ST-ZIP | W. PALM BEACH FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | LEVY, MARK F | |
| STREET ADDRESS | 100 CENTURY BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GLEESON, ANTOINETTE | |
| STREET ADDRESS | 100 CENTURY BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FLOYD, ORILLA | |
| STREET ADDRESS | 100 CENTURY BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | JAIVEN, JACK | |
| STREET ADDRESS | 100 CENUTRY BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HALPERIN, MAURICE | |
| STREET ADDRESS | 100 CENTURY BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Jack Jaiven* **Jack Jaiven, Vice President 3/21/03 (772)640-3105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

Pg. 2
8008708

NewCen Golf Course, Inc.

Document #V52748

2003 Uniform Business Report Additions:

#V52748

D

Halperin, Barry

100 Century Blvd.

West Palm Beach, FL 33417