

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000248

1. Entity Name

SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER BRI

c/o CMC MANAGEMENT

Principal Place of Business

100 RIVER BRIDGE BLVD.  
WEST PALM BEACH FL 33413

Mailing Address

100 RIVER BRIDGE BLVD.  
WEST PALM BEACH FL 33413-2029

2. Principal Place of Business

2994 JOG ROAD

3. Mailing Address

2994 JOG ROAD

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

GREENACRES FLORIDA

City & State

GREENACRES FLORIDA

4. FEI Number

65-0610171

Applied For

Not Applied For

Zip

33462

Country

USA

Zip

33462

Country

USA

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

GELFAND, MICHAEL J ESQ.  
ONE CLEARLAKE CENTRE, SUITE 1010  
250 SOUTH AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33401-5014

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

HOWARD REICH - P.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REICH, HOWARD	
STREET ADDRESS	2715 POINTE CIR	
CITY-ST-ZIP	W. PALM BEACH FL 33413	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAGIDSON, HOWARD	
STREET ADDRESS	2744 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REICH, NAN	
STREET ADDRESS	2715 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, PAT	
STREET ADDRESS	2745 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIND, DONALD	
STREET ADDRESS	2732 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, LEN	
STREET ADDRESS	2745 POINTE CIR	
CITY-ST-ZIP	W APLM BEACH FL 33413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGEL JERRY	
STREET ADDRESS	2751	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEAB SCHIFF	
STREET ADDRESS	2765 POINTE Circle	
CITY-ST-ZIP	W. PALM BEACH FL 33413	
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		
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 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:

HOWARD REICH - P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90023 028 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE