

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90016 007 \*\*\*\*61.25

**DOCUMENT # 742132**

1. Entity Name

**DELAIRE COUNTRY CLUB PROPERTY OWNERS' ASSOCIATIO**

Principal Place of Business

Mailing Address

**4645 WHITE CEDAR LANE  
 DELRAY BCH FL 33445**

**4645 WHITE CEDAR LANE  
 DELRAY BCH FL 33445-7027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1856834**

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

**MILLER, LAWRENCE J  
 HUNT, COOK, RIGGS, MEHR & MILLER, P.A.  
 2200 CORPORATE BLVD., N.W., SUITE 401  
 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 **PD** ☒ Delete  
 NAME **CAYNE, DANIEL**  
 STREET ADDRESS **16969 SILVER OAK CIR.**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **DD** ☐ Delete  
 NAME **GILBERT, STEPHEN**  
 STREET ADDRESS **4378 WHITE CEDAR LN**  
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **BELL, FLORENCE**  
 STREET ADDRESS **4325 WHITE CEDAR LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **VPD** ☒ Delete  
 NAME **AMES, BERTRAM**  
 STREET ADDRESS **3697 RED MAPLE CIRCLE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **TO**  
 STREET ADDRESS **Permute Ernest**  
 CITY-ST-ZIP **4800 Charmingwood Ln  
 Delray Beach FL 33445**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** *[Signature]* **1-21-00 901-499-9090**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #