

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90058 021 \*\*\*150.00

**DOCUMENT # 184110**

1. Entity Name

**COVE BEACH CLUB, INC.**

Principal Place of Business

**500 SOUTH OCEAN WAY  
DEERFIELD BEACH FL 33441**

Mailing Address

**500 SOUTH OCEAN WAY  
DEERFIELD BEACH FL 33441-5155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0794493**

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

**ZIFRONY, MATTHEW  
110 TOWER - 110 S.E. 6TH STREET  
15TH FLOOR  
FT. LAUDERDALE FL 33301**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VALLERY, MARTHA</b> <b>500 S. OCEAN WAY, APT. 801</b> <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>George E. Disch</b> <b>500 South Ocean Way</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAUDANTE, SAL</b> <b>500 S. OCEAN WAY, APT. 306</b> <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Nicholas LaRocca</b> <b>500 South Ocean Way</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SCILEPPI, VICTOR</b> <b>500 S. OCEAN WAY, APT. 503</b> <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>John Jensen</b> <b>500 South Ocean Way</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DISCH, GEORGE</b> <b>500 S. OCEAN WAY, APT. 506</b> <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Donald J. Feerick</b> <b>500 South Ocean Way</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SHORTLE, RICHARD</b> <b>500 S OCEAN WY APT 611</b> <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Clinton West</b> <b>500 South Ocean Way, Apt. 612</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/2000 10:00