

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22082

1. Entity Name

BOCA RATON SKI CLUB, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90483 025 \*\*\*\*61.25

Principal Place of Business <del>601 MAYPOPE COURT</del> BOCA RATON FL 33486 US	Mailing Address <del>601 MAYPOPE COURT</del> BOCA RATON FL 33433-3713 US
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2. Principal Place of Business 21974 Town Place Dr Suite, Apt. #, etc. BOCA RATON City & State FL	3. Mailing Address 21974 Town Place Dr Suite, Apt. #, etc. BOCA RATON City & State FL
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Zip 33433	Country Palm Beach	Zip 33433	Country Palm Beach
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6. Name and Address of Current Registered Agent  HICKORY H R 601 MAYPOPE BOCA RATON FL 33486	7. Name and Address of <del>NEW</del> Registered Agent Name H R Hickory Street Address (P.O. Box Number is Not Acceptable) 21974 Town Place Dr. City BOCA RATON FL Zip Code 33433
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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 H R Hickory TREAS [Signature] DATE 4-25-00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADSEN, MARIANNE 2020 SW 8TH AVE BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKORY, H. R. 601 MAYPOPE BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD HICKORY</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21974 TOWN PLACE DR BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTER, NEIL 22878 IRONWEDGE DR. BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE, ELLEN 5806 ITHACA CIR. E. LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, CLAUDINA 2500 N.E. 36 ST., #8 LIGHT HOUSE POINT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIBATTISTA, JOHN 2560 S.W. 11TH ST. BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: H R Hickory TREAS [Signature] DATE 4-25-00 561 3956025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)