

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90285 025 \*\*\*\*70.00

**DOCUMENT # N34898**

1. Entity Name

**KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOC**

Principal Place of Business

Mailing Address

**% LANG MANAGEMENT**  
**5295 TOWN CENTER RD., #200**  
**BOCA RATON FL 33486**

**% LANG MANAGEMENT**  
**5295 TOWN CENTER RD., #200**  
**BOCA RATON FL 33486**

0 2 0 6 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**21045 COMMERCIAL TRAIL**

**21045 COMMERCIAL TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BOCA RATON, FL**

**BOCA RATON, FL**

Zip

Country

**33486**

**PALM BEACH**

Zip

Country

**33486**

**PALM BEACH**

4. FEI Number

**65-0169757**

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

**ISAACSON, WILLIAM K**  
**% LANG MANAGEMENT**  
**5295 TOWN CENTER RD., #200**  
**BOCA RATON FL 33486**

**21045 COMMERCIAL TRAIL**  
**BOCA RATON, FL 33486**

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 **URBAN, MELVIN**  
 STREET ADDRESS **16878 KNIGHTSBRIDGE LN**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **ST** ☐ Delete  
 NAME **BACH, HOWARD**  
 STREET ADDRESS **16922 KNIGHTS BRIDGE LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **D** ☐ Delete  
 NAME **RUSSELL, LISA**  
 STREET ADDRESS **16878 KNIGHTSBRIDGE LN**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)