

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90351 019 ****61.25

DOCUMENT # N22082

1. Entity Name

BOCA RATON SKI CLUB, INC.

Principal Place of Business

21974 TOWN PLACE DRIVE
 BOCA RATON FL 33433
 US

Mailing Address

21974 TOWN PLACE DRIVE
 BOCA RATON FL 33433
 US

2. Principal Place of Business

BARBARA LYNN

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

38 S Lakeshore Dr
 Lake Worth

33462

Country
 Palm Beach

4. FEI Number
65-0036034

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKORY, H.R.
 21974 TOWN PLACE DRIVE
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **BARBARA LYNN**

Street Address (P.O. Box Number is Not Acceptable)

38 S LAKESHORE DR

LAKE WORTH

City

FL

Zip Code

33462

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

TITLE **P** ☐ Delete
 NAME **PINVIDIC, TERRI**
 STREET ADDRESS **6603 NW 25TH CT**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
 NAME **HICKORY, H. R.**
 STREET ADDRESS **21974 TOWN PLACE DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME **LYNN, BARBARA**
 STREET ADDRESS **36 S LAKESHORE DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33462**

TITLE ☐ Delete
 NAME **VANDERHOFF, BOB**
 STREET ADDRESS **497 NW 70TH WAY**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
 NAME **SHAPIRO, MARK**
 STREET ADDRESS **3745 NW 23RD CT**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Delete
 NAME **DIBATTISTA, JOHN**
 STREET ADDRESS **2560 S.W. 11TH ST.**
 CITY-ST-ZIP **BOYNTON BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **ELLEN M. BLUM**
 STREET ADDRESS **5800 ITHACA CIRCLE**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☒ Addition
 NAME **JACKIE HARVEST**
 STREET ADDRESS **6895 WILLOW WOOD DR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☒ Addition
 NAME **CLAUDIA JENNINS**
 STREET ADDRESS **2751 NE 37 CT**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☒ Addition
 NAME **Barbara Gideon**
 STREET ADDRESS **Box 97009**
 CITY-ST-ZIP **BOCA RATON 33497**

TITLE ☐ Change ☐ Addition
 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:

H.R. HICKORY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 5613956025

Date Daytime Phone #

CR2E037 (9/01)