

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90016 012 ***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**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DISCH, GEORGE E	
STREET ADDRESS	500 SOUTH OCEAN WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LARocca, NICHOLAS	
STREET ADDRESS	500 SOUTH OCEAN WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENSEN, JOHN	
STREET ADDRESS	500 SOUTH OCEAN WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, CLINTON	
STREET ADDRESS	500 SOUTH OCEAN WAY, APT. 612	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larocca, Nicholas	
STREET ADDRESS	500 S. Ocean Way	
CITY-ST-ZIP	Deerfield Beach, Fl. 33441	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dowd, Robert W.	
STREET ADDRESS	500 S. Ocean Way	
CITY-ST-ZIP	Deerfield Beach, Fl. 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greenberg, Jerome	
STREET ADDRESS	500 S. Ocean Way	
CITY-ST-ZIP	Deerfield Beach, Fl. 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

Nicholas Larocca
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS LARocca

Date

Daytime Phone #

!-18-02 954-427-2900

CR2E034 (9/01)