

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90185 016 ****61.25

DOCUMENT # 731773

1. Entity Name

JEWISH CLUB OF KINGS POINT WEST INC.

Principal Place of Business

Mailing Address

C/O ARTHUR BLUMENTHAL
 906 MCDANIEL ST
 SUN CITY CENTER FL 33573
 US

C/O ARTHUR BLUMENTHAL
 906 MCDANIEL ST
 SUN CITY CENTER FL 33573
 US

2. Principal Place of Business

3. Mailing Address

KINGS POINT CLUB HOUSE 2207 NANTUCKET DR

Suite, Apt. #, etc. **1904 CLUBHOUSE DRIVE**
 Suite, Apt. #, etc. **070 MORRIS ZOLT**

City & State
SUN CITY CENTER FL

City & State
SUN CITY CENTER, FL

Zip
33573

Country
HILLSBOROUGH

Zip
33573

Country
HILLSBOROUGH

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMENTHAL, ARTHUR
906 MCDANIEL ST
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name **ZOLT, MORRIS**
 Street Address (P.O. Box Number is Not Acceptable)
2207 NANTUCKET DRIVE
 City **SUN CITY CENTER** FL Zip Code **33573**

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 **MORRIS ZOLT PRES.** *Morris Zolt* **PRESIDENT** **1-20-02**
 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	P	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, ARTHUR	
STREET ADDRESS	906 MCDANIEL ST	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWARTZ, STUART	
STREET ADDRESS	2410 NANTUCKET GLENN CRT.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAIN, LEE	
STREET ADDRESS	2222 NANTUCKET DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOHN, JULIA	
STREET ADDRESS	2430 NANTUCKET HARBOR LOOP	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVE, GILBERT	
STREET ADDRESS	1026 MCDANIEL ST.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D ROSE	<input type="checkbox"/> Delete
NAME	ROSE, DAVID	
STREET ADDRESS	2210 DEL WEBB BLVD W	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLT, MORRIS	
STREET ADDRESS	2207 NANTUCKET DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TENNANT, BERNETTE	
STREET ADDRESS	1028 NEW WINDSOR LOOP	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEAU, JOANNE	
STREET ADDRESS	818 STAFFORDSHIRE LN	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLT, ANNE	
STREET ADDRESS	2207 NANTUCKET DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE DAVID	
STREET ADDRESS	Correct name	
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: *Morris Zolt* **MORRIS ZOLT PRES.** **1-20-02** **813-634-7067**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)