


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90054 032 ****61.25

DOCUMENT # 731773		
1. Entity Name JEWISH CLUB OF KINGS POINT WEST INC.		
Principal Place of Business KINGS POINT CLUBHOUSE 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 US		Mailing Address C/O MORRIS ZOLT 2207 NANTUCKET DR. SUN CITY CENTER FL 33573 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ZOLT, MORRIS 2207 NANTUCKET DRIVE SUN CITY CENTER FL 33573		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. I am familiar with, and accept the obligations of registered agent.

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida 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	P ZOLT, MORRIS 2207 NANTUCKET DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANNANT, BERNETTE 1028 NEW WINDSOR LOOP SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDLEAU, JOANNE 818 STAFFORDSHIRE LN. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOHN, JULIA 2430 NANTUCKET HARBOR LOOP SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLT, ANNE 2207 NANTUCKET DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, DAVID 2210 DEL WEBB BLVD W SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete	<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: **MORRIS ZOLT PRESIDENT** *Morris Zolt 2-20-03 (823) 634-7067*

CR2E037 (10/02)