

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am

Secretary of State

02-08-2000 90133 030 \*\*\*\*61.25

DOCUMENT # 742131

1. Entity Name

DEL-AIRE COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

4645 WHITE CEDAR LANE  
DELRAY BCH FL 33445  
US

4645 WHITE CEDAR LANE  
DELRAY BCH FL 33445-7027  
US

010741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1856831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERT GOLDBERG  
16712 SWEET BAY DR.  
DELRAY BEACH FL 33445

Name Malcolm Hevenson  
Street Address (P.O. Box Number is Not Acceptable)  
4453 White Cedar Ln.

City Delray Bch FL Zip Code 33445

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

M.N. Hevenson, Pros  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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  
NAME GOLDBERG, ROBERT  
STREET ADDRESS 16712 SWEET BAY DR.  
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE TD  
NAME FINE, ELI  
STREET ADDRESS 16657 SWEET BAY DRIVE  
CITY-ST-ZIP DELRAY BCH FL 33445 ☒ Delete

TITLE SD  
NAME WALTER WARHEIT  
STREET ADDRESS 16675 SWEET BAY DR.  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE VD  
NAME KURLAN, HAROLD  
STREET ADDRESS 4597 WHITE CEDAR LANE  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ Delete

TITLE VD  
NAME GOODMAN, STANLEY  
STREET ADDRESS 16712 SWEET BAY DR.  
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME Hevenson, Malcolm  
STREET ADDRESS 4453 White Cedar Ln.  
CITY-ST-ZIP Delray Bch FL 33445 ☐ Change ☒

TITLE TD  
NAME Berkowitz, Robert  
STREET ADDRESS 4802 Tree Run Drive  
CITY-ST-ZIP Delray Bch FL 33445 ☐ Change ☒

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

TITLE VD  
NAME Gering, George  
STREET ADDRESS 3917 Live Oak Blvd.  
CITY-ST-ZIP Delray Bch FL 33445 ☐ Change ☒

TITLE VD  
NAME Magod, Ira  
STREET ADDRESS 4333 White Cedar Drive  
CITY-ST-ZIP Delray Bch FL 33445 ☐ Change ☒

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M.N. Hevenson, Pros  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

Daytime Phone #

561-499-909