

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90676 028 ****61.25

0035467

DOCUMENT # 742131

1. Entity Name

DEL-AIRE COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**45 WHITE CEDAR LANE
DELRAY BCH FL 33445**

**4645 WHITE CEDAR LANE
DELRAY BCH FL 33445
US**

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 **59-1856831**

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

7. Name and Address of New Registered Agent

**LEVENSON, MALCOLM N
4646 WHITE CEDAR LANE
DELRAY BEACH FL 33445**

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

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** ☐ Delete
NAME **LEVENONO, MALCOLM**
STREET ADDRESS **4453 WHITE CEDAR LN**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **correct spelling only** ☒ Change ☐ Addition
NAME **LEVENSON, MALCOLM**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BERKANITZ, ROBERT**
STREET ADDRESS **4805 TREE FERN DR**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **CORRECT SPELLING ONLY** ☐ Change ☐ Addition
NAME **BERKOWITZ, ROBERT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WALTER WARHEIT**
STREET ADDRESS **16875 SWEET BAY DR.**
CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **VD** ☒ Delete
NAME **GERING, GEORGE**
STREET ADDRESS **3917 LIVE OAK BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VD** ☐ Change ☒ Addition
NAME **LIPSEY, JACK**
STREET ADDRESS **4573 WHITE CEDAR LANE**
CITY-ST-ZIP **DELRAY BCH, FL ###%**

TITLE **VD** ☐ Delete
NAME **MAGOD, IRA**
STREET ADDRESS **4333 WHITE CEDAR DR**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
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: **X**

Malcolm N. Levenson

3/18/02

561-499-6860

CR2E037 (9/01)