

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 11, 2001 8:00 am
Secretary of State

04-16-2001 90280 044 ****70.00

DOCUMENT # 747493

1. Entity Name

THE HAMLET COUNTRY CLUB, INC.

Principal Place of Business

3600 HAMLET DRIVE
DELRAY BEACH FL 33445

Mailing Address

3600 HAMLET DRIVE
DELRAY BEACH FL 33445

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

59-1907133

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REIBMAN, SHELTON N
255 HAMLET DRIVE
DELRAY BEACH FL 33445

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

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

TITLE	S	<input type="checkbox"/> Delete
NAME	REIBMAN, SHELTON	
STREET ADDRESS	255 HAMLET DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEWMAN, TED	
STREET ADDRESS	4633 OAK TREE COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEIL, SHELLEY	
STREET ADDRESS	925 GREENSWARD LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	V	<input type="checkbox"/> Delete
NAME	LISS, STANLEY	
STREET ADDRESS	3533 PINE LAKE CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOHRER, ROBERT	
STREET ADDRESS	701 LAKEWOODE CIRCLE WEST	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Bohrer	
STREET ADDRESS	701 Lakewood Circle West	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Lurie	
STREET ADDRESS	624 Lakewood Circle West	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gil Solow	
STREET ADDRESS	646 Lakewood Circle East	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Liss	
STREET ADDRESS	3533 Pine Lake Court	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

RECEIVED S. Bohrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/01 561-498-7600

CP2E037 (10/00)