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

Mailing Address

SEGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 747978

1. Entity Name

Principal Place of Business

SIGNATURE:

FOUNTAINS COUNTRY CLUB, INC.

FILED
Aug 01, 2003 8:00 am
Secretary of State

Daytime Phone #

08-01-2003 90062 026 ****61.25

4615E SOUTH LAKE WORTH	FOUNTAIN DR. FL 33467	4615E SOUTH FOUNTAIN DR. LAKE WORTH FL 33467								
		3. Mailing Address 46 5 E. Fou								
Suite, Apt.		Suite, Apt. #, etc.	110013	<u>,, C</u>		CHECK HERE	IF MAKING	CHANGES	ı	
Lake Worth 7L		City & State	Lake Worth 7L			4. FEI Number 59-1929720 Applied For Not Applicable				
Zip 33467 Country 6. Name and Address of Current Ro		^{Zip} 33467	Zip Country		5. Certificate of Status Desired					1
	6. Name and Address of Current				7. Name and Add	ress of New R	egistered A	gent		1
			Name							
1201 HA	Intice-Hall Corporation Syst Ys Street	EM INC.	Street	Address (I	(P.O. Box Number is Not Acceptable)					
SUITE 10	05 NSSEE FL 32301		•							1
IALLANA	100EC FL 32301		City				FL	Zip Cod	le]
	named entity submits this statement fo	r the purpose of changing its	registered office	or register	ed agent, or both, in	he State of Flo	rida. I am fa	miliar with,	and accept	1
the obligat	tions of registered agent.									
SÎGNATURE .										
*	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE			
										1
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$2		9. Election Campaign Financing Trust Fund Contribution.				ke Check la Departr			1
Aiter Sepi	tember 10, 2003, timi will be \$2	30.23	or throughout	_	Added to Fees	Floriu	ia Departi	nem or s	State	1
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANGE	S TO OFFICE			·—·	1,
TITLE	T Goldman, Mervin	☐ Delete	TITLE				١	☐ Change	Addition Addition	18
NAME STREET ADDRESS	4545 LUXEMBURG DT #302		NAME STREET ADDRESS	. [1,
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	1						Į į
TITLE	S	☐ Delete	TITLE	1				☐ Change	☐ Addition	18
NAME	SCHIFFMAN, ROBERT		NAME]						
STREET ADDRESS CITY-ST-ZIP	6965 PARISIAN WAY		STREET ADDRESS CITY-ST-ZIP.							
TITLE	LAKE WORTH FL 33467	☐ Delete	TITLE	 		<u> </u>		Change	Addition	1
NAME	KAUFMAN, DAVID	☐ Delete	NAME	1				Change	Addition	1
STREET ADDRESS	6959 FOUNTAINS DR. SOUTH		STREET ADDRESS	1						
CITY-ST-ZIP	LAKE WORTH FL 33467		CiTY-ST-ZIP	[
TITLE	D	Delete	TITLE	S				☐ Change	Addition Addition	
NAME	CARLIN, STEPHEN	, ,	NAME	BER	MARLO MA	<i>y</i> ntor y				
STREET ADDRESS CITY-ST-ZIP	6809 FOUNTAINS CIR LAKE WORTH FL 33467		STREET ADDRESS CITY-ST-ZIP	LAK	S& PAIER	$n_{\mathcal{O}} \mathcal{W}_{\mathcal{O}}$	33467	,		
TITLE	PD	D Polate	TITLE	LA	CE Worth	1, 7C_		☐ Change	Addition	ł
NAME	WURTZEL, LEO	☐ Delete	. NAME	1				Change	□] Audition	
STREET ADDRESS	3300 S OCEAN BLVD 102S		STREET ADDRESS	j						
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	[
TITLE	VD	☐ Delete	TITLE					Change	Addition]
NAME	KANTRROWITZ, WALTER		NAME	1						
STREET ADDRESS CITY-ST-ZIP	5502 FOUNTAINS DRIVE		STREET ADDRESS CITY-ST-ZIP							
	LAKE WORTH FL 33467	this filling door not smallf. for		otadia C-	ation 110 07/01/01 Ft-	ride Ctatutes 1	further section	h, that the '		1
indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or mattee empo , or on an attachment with an address, v	true and accurate and that m wered to execute this report a vith all other like empowered.	ure exemption st by signature shall as required by Ch	have the s hapter 617	ction 119.07(3)(I), Flo ame legal effect as if , Florida Statutes; and	made under o	ath; that I am appears in I	y that the If I an officer Block 10 or	ntormation or director r Block 11 if	