


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

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90007 005 \*\*\*\*61.25

<b>DOCUMENT #</b> 754441	
<b>1. Entity Name</b> CENTURY HENS CLUB OF BOCA RATON, INC	

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<b>2. Principal Place of Business</b> 19146 LYONS ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 19146 LYONS ROAD Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-7039313	<b>Applied For</b>
City & State BOCA RATON, FL		City & State BOCA RATON, FL			Not Applicable
<b>Zip</b> 33434	<b>Country</b>	<b>Zip</b> 33434	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> FL <b>Zip Code</b>

**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** *Herbert Roter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>D</i> <i>SAVEADOFF, MARTIN</i> <i>1020 NEWCASTLE A</i> <i>BOCA RATON, FL 33434</i>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>T</i> <i>ROTH, HERBERT</i> <i>101 FANSHAW C</i> <i>BOCA RATON, FL 33434</i>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>Z</i> <i>ZUCKER, MILTON</i> <i>4024 NEWCASTLE B</i> <i>BOCA RATON, FL 33434</i>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Martin Savedoff* *2/2/2004* *561-482-7857*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)