

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0034177

02-05-2002 90030 002 \*\*\*\*61.25

**DOCUMENT # 758621**  
 1. Entity Name  
**THE GOLF AND RACQUET CLUB AT EASTPOINTE, INC.**

Principal Place of Business 13462 CROSSPOINTE DRIVE PALM BEACH GARDENS FL 33418	Mailing Address 13462 CROSSPOINTE DRIVE PALM BEACH GARDENS FL 33418
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2099742</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
 PODESTA, CARI A PA  
 11382 PROSPERITY FARMS RD #227  
 PALM BEACH GARDENS FL 33410

**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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete
NAME	GREENBURG, MORT	
STREET ADDRESS	6866 TOUCHSTONE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	6355 BRANDON ST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSERMAN, CHLOE	
STREET ADDRESS	12910 OAK KNOLL DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBREGSEN, RALPH	
STREET ADDRESS	12824 TOUCHSTONE PL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ABRAMOWITZ, MURRAY	
STREET ADDRESS	13502 TOUCHSTONE PL	
CITY-ST-ZIP	PALM BEACH GARDENS-FL 33418	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, SAUL	
STREET ADDRESS	13275 SAFFRON CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

**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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Barry	
STREET ADDRESS	6938 Touchstone Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel J. Roth	
STREET ADDRESS	13885 Palm Grove Place	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

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:** *M. J. Greenberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02  
 Date

Daytime Phone #

CR2E037 (9/01)