

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90404 032 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2099742**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PODESTA, CARI A PA  
11382 PROSPERITY FARMS RD #227  
PALM BEACH GARDENS FL 33410**

Name **STEVE PLUMMER**  
Street Address (P.O. Box Number is Not Acceptable) **13462 CROSSPOINTE DRIVE**  
City **PALM BEACH GARDENS FL** Zip Code **33418**

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 *Steve Plummer*

1-31-03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GREENBURG, MORT</b> <b>6866 TOUCHSTONE CIRCLE</b> <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GOLDSTEIN, BERNARD</b> <b>6355 BRANDON ST</b> <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WASSERMAN, CHLOE</b> <b>12910 OAK KNOLL DRIVE</b> <b>PALM BEACH GARDENS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBREGSEN, RALPH</b> <b>12824 TOUCHSTONE PL</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BARRY, JUDY</b> <b>6938 TOUCHSTONE CIRCLE</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROTH, DANIEL J</b> <b>13885 PALM GROVE PLACE</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARTHUR SCHWARTZ</b> <b>6640 EASTPOINTE PINES ST</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT SCHEINFELD</b> <b>13869 PALM GROVE PLACE</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAN HAUSMAN</b> <b>13250 CAMERO WAY</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W. Robert Scheinfeld, President*

1/31/03

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CR2E037 (10/02)