

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90154 014 ****61.25

DOCUMENT # 765229

1. Entity Name
ST. ANDREWS COUNTRY CLUB, INC.



Principal Place of Business
**17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496**

Mailing Address
**17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496**

22001037



☐ 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 **59-2000688**

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

**VIZZI, MICHAEL G
ST. ANDREWS COUNTRY CLUB, INC.
17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael G. Vizzi, Chief Financial Officer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/3/03**

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 **PD** ☒ Delete
NAME **SCHILLER, MARVIN**
STREET ADDRESS **17557 CLARIDGE OVAL WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PD** ☐ Change ☒ Addition
NAME **Lifton, Harvey**
STREET ADDRESS **17557 Claridge Oval West**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **VPD** ☐ Delete
NAME **DIRECTOR, GERALD**
STREET ADDRESS **17557 CLARIDGE OVAL WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VPD** ☐ Change ☐ Addition
NAME **Herb Levitt**
STREET ADDRESS **17557 Claridge Oval West**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **VPD** ☒ Delete
NAME **KOFSKY, RICHARD**
STREET ADDRESS **17557 CLARIDGE OVAL WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Herb Levitt**
STREET ADDRESS **17557 Claridge Oval West**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **TD** ☐ Delete
NAME **HERMANN, RON**
STREET ADDRESS **17557 CLARIDGE OVAL WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **TD** ☐ Change ☐ Addition
NAME **Herb Levitt**
STREET ADDRESS **17557 Claridge Oval West**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **SD** ☒ Delete
NAME **WITENSTEIN, JULES**
STREET ADDRESS **17557 CLARIDGE OVAL WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **SD** ☐ Change ☒ Addition
NAME **Robert Davis**
STREET ADDRESS **17557 Claridge Oval West**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **VPD** ☐ Delete
NAME **GREENBAUM, STANLEY**
STREET ADDRESS **17557 CLARIDGE OVAL WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VPD** ☐ Change ☐ Addition
NAME **Robert Davis**
STREET ADDRESS **17557 Claridge Oval West**
CITY-ST-ZIP **Boca Raton, FL 33496**

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: *Stanley Greenbaum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

(561)-451-4900

CR2E037 (10/02)