

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90059 045 ****61.75

DOCUMENT # 765998

1. Entity Name

BOCA DELRAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5483 BOCA DELRAY BLVD.
 DELRAY BCH. FL 33484**

**5483 BOCA DELRAY BLVD.
 DELRAY BCH. FL 33484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2242102

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

**GELFAND, MICHAEL
 ONE CLEARLAKE CENTRE, SUITE 1010
 250 S AUSTRALIAN AVENUE
 WEST PALM BEACH FL 33401**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GINSBERG, LESTER	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, ERWIN	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, JACK	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPALLONE, SALLY	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHATANOF, FLORENCE	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, KEN	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seymour March	
STREET ADDRESS	5483 Boca Delray Blvd.	
CITY-ST-ZIP	Delray Beach, FL. 33484	
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	treasurer/Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack Silverstein

March 4, 2002

Date

Daytime Phone #

CR2E037 (9/01)