

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768649

1. Entity Name

BOCAIRE COUNTRY CLUB, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90158 001 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4989 BOCAIRE BLVD  
BOCA RATON FL 33487

4989 BOCAIRE BLVD  
BOCA RATON FL 33487-1163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2305699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, SHERRY  
4989 BOCAIRE BLVD  
BOCA RATON FL 33487

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]* Pres.

3/24/00

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          | PD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | MICHAELSON, MELVIN  |  |
| STREET ADDRESS | 4989 BOCAIRE BLVD   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487 |  |
| TITLE          | VD                  | <input type="checkbox"/> Delete            |
| NAME           | KASHDEN, R. PAUL    |  |
| STREET ADDRESS | 4989 BOCAIRE BLVD   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487 |  |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | ZIMMY, SIDNEY J.    |  |
| STREET ADDRESS | 4989 BOCAIRE BLVD   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487 |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | STRAUSS, HOWARD     |  |
| STREET ADDRESS | 4989 BOCAIRE BLVD   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487 |  |
| TITLE          | SVPD                | <input type="checkbox"/> Delete            |
| NAME           | EDELSTEIN, MURRAY   |  |
| STREET ADDRESS | 4989 BOCAIRE BLVD   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Kashden, R. Paul     |  |
| STREET ADDRESS | 4989 Bocaire Blvd    |  |
| CITY-ST-ZIP    | Boca raton, FL 33487 |  |
| TITLE          | VD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Marvin Padover       |  |
| STREET ADDRESS | 4989 Bocaire Blvd    |  |
| CITY-ST-ZIP    | Boca Raton, FL 33487 |  |
| TITLE          | TD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Warren Wintrub       |  |
| STREET ADDRESS | 4989 Bocaire Blvd    |  |
| CITY-ST-ZIP    | Boca Raton, FL 33487 |  |
| TITLE          | SD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Eugene Lowy          |  |
| STREET ADDRESS | 4989 Bocaire Blvd    |  |
| CITY-ST-ZIP    | Boca Raton, FL 33487 |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 (561) 997-6556  
Date Daytime Phone #