## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

## FILED **DOCUMENT # J52547** Feb 07, 2000 8:00 am 1. Entity Name COUNTRY CLUB HOMES OF BOCA RATON/PALM BEACH. INC **Secretary of State** 02-07-2000 90019 024 \*\*\*158.75 Principal Place of Business Mailing Address 7227 CLINTMOORE RD 7227 CLINTMOORE RD. BOCA RATON FL 33496-1402 **BOCA RATON FL 34496** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 65-0012778 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPKIN & SHURPIN P.A. Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD STE 114 **BOCA RATON FL 33431** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE ☐ Change Addition ☐ Delete TITLE ANSEL, JEROME V. NAME NAME 7227 CLINTMOORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE REITSMA, RONALD A. NAME STREET ADDRESS 7227 CLINTMOORE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** VPS ☐ Change Addition Delete TITLE TITLE " ANSEL. ESTER NAME NAME 7227 CLINTMOORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp indicated on this report or supplementa of the corporation or the receiver or tru

her like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR