

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K36990**

1. Entity Name

**BOCA RATON RESORT AND CLUB, INC.**

Principal Place of Business

**501 E. CAMINO REAL  
BOCA RATON FL 33432**

Mailing Address

**P.O. BOX 5025  
CORPORATE OFFICES  
BOCA RATON FL 33431**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVENUE , 28TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GLENNIE, MICHAEL F	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROCHON, RICHARD C	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PIERCE, WILLIAM M	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DAURIA, STEVEN M	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HANDLEY, RICHARD	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feder, David S.	
STREET ADDRESS	501 E. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33432	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Steven M. Dauria

4/25/02

561-447-5300

Date

Daytime Phone #

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90004 035 \*\*\*150.00

000010



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

CR2E034 (9/01)