

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71109

1. Entity Name

TOWNSHIP MEN'S CLUB, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90046 050 ***150.00

Principal Place of Business

Mailing Address

4412 NW 20 ST
COCONUT CREEK FL 33066
US

4412 NW 20 ST
COCONUT CREEK FL 33066-1042
US

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

65-0009945

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

COHEN, MURRAY
4412 NW 20 ST
COCONUT CREEK FL 33066

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, JERRY	
STREET ADDRESS	2100 NW 45 AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TORTORA, THOMAS	
STREET ADDRESS	4663 CARAMBOLA CIRCLE NORTH	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARLEN, KATZ	
STREET ADDRESS	2559 BLUE SAGE AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SACKS, HAROLD	
STREET ADDRESS	2516 BLUE SAGE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PECKMAN, MILTON	
STREET ADDRESS	4211 NW 22 ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, MURRAY	
STREET ADDRESS	4412 NW 20 ST	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Lou Feldman	
STREET ADDRESS	4630 Carambola Cir N	
CITY-ST-ZIP	Coconut Creek FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Murray Cohen **Murray Cohen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

Date

954 974 6383

Daytime Phone #