

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90088 023 ***150.00

DOCUMENT # K71109

1. Entity Name
TOWNSHIP MEN'S CLUB, INC.



Principal Place of Business
**4412 NW 20 ST
COCONUT CREEK FL 33066
US**

Mailing Address
**4412 NW 20 ST
COCONUT CREEK FL 33066
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**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Murray Cohen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **FELDMAN, LOU**
CITY-ST-ZIP **4630 CARAMBOLA CIR
COCONUT CREEK FL 33066**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Tortora, Thomas**
CITY-ST-ZIP **4663 Carambola Circle No
Coconut Creek FL 33066**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **TORTORA, THOMAS**
CITY-ST-ZIP **4663 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **KATZ Arlen**
CITY-ST-ZIP **2559 Blue Sage Ave
Coconut Creek FL 33063**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **ARLEN, KATZ**
CITY-ST-ZIP **2559 BLUE SAGE AVE
COCONUT CREEK FL**

TITLE ☐ Change ☐ Addition
NAME **S**
STREET ADDRESS **Sansky Irwin**
CITY-ST-ZIP **3953 Cocoplum Circle
Coconut Creek FL 33063**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **SACKS, HAROLD**
CITY-ST-ZIP **2516 BLUE SAGE
COCONUT CREEK FL**

TITLE ☐ Change ☐ Addition
NAME **T**
STREET ADDRESS **Cohen Murray**
CITY-ST-ZIP **4412 NW 20 St
Coconut Creek FL 33066**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **COHEN, MURRAY**
CITY-ST-ZIP **4412 NW 20 ST
COCONUT CREEK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 689, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-03

954 974 6383

CR2E034 (10/02)