

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-10-2003 90210 011 ****61.25

DOCUMENT # NO1000007057

1. Entity Name

BANYAN SPRINGS FISHING CLUB INC.

Principal Place of Business

10780 CEDAR POINT BLVD
BOYNTON BEACH FL 33437

Mailing Address

10780 CEDAR POINT BLVD
BOYNTON BEACH FL 33437

J0004040

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

BANYAN SPRINGS PROPERTY OWNERS ASSN, INC.
10780 CEDAR POINT BLVD
BOYNTON BEACH FL 33437

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TURKFIELD, JERE	
STREET ADDRESS	5040 ROSEHILL DR. #105	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	SD	☐ Delete
NAME	ARIAN, AUDREY	
STREET ADDRESS	10173 MANGROVE DR #105	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	TD	☐ Delete
NAME	KATZ, HAROLD	
STREET ADDRESS	10061 53 WAY S. APT 1003	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	ARIAN, AUDREY	
STREET ADDRESS	10173 MANGROVE DR. #105	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

TITLE	VP	☒ Change ☐ Addition
NAME	TURKFIELD, JERE	
STREET ADDRESS	5040 ROSEHILL DR. #105	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

TITLE	TD	☒ Change ☐ Addition
NAME	KATZ, HAROLD	
STREET ADDRESS	10061 53 WAY S. APT 1003	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

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

TITLE		☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/03

Daytime Phone #

561-364-1789

CR2E037 (10/02)