

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01019

1. Entity Name

THE MEN'S CLUB OF POINCIANA, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 020 ****70.00

Principal Place of Business

Mailing Address

MEN'S CLUB OF POINCIANA
333 POINCIANA DR
LAKE WORTH FL 33467-9937

MEN'S CLUB OF POINCIANA
3536 POINCIANA DR
LAKE WORTH FL 33467-9937
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

59-2334439

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINTRAUB, STANLEY J
3286 ARCARA WAY, #102
LAKE WORTH FL 33467

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FACK, OWEN	
STREET ADDRESS	3326 ARCARA WAY, #413	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SILVER, LARRY	
STREET ADDRESS	6850 10TH AVENUE N, #101	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	FSD	<input checked="" type="checkbox"/> Delete
NAME	PENN, MORTON	
STREET ADDRESS	3836 POINCIANA DR #402	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WEINTRAUB, STANLEY J	
STREET ADDRESS	3286 ARCARA WAY, #102	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEITZMAN, LEONARD	
STREET ADDRESS	6850 10TH AVENUE N, #210	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRICKNER, SOL	
STREET ADDRESS	3871 POINCIANA DRIVE, #601	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	PA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, OWEN	
STREET ADDRESS	3326 ARCARA WAY #413	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, LARRY	
STREET ADDRESS	6850 10TH AVE NORTH #101	correct spelling
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIKERMAN, DAVID	
STREET ADDRESS	6723 STANLEY'S PLACE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, HERB	
STREET ADDRESS	6698 10 AVE NORTH #301	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stanley J. Weintraub
STANLEY J. WEINTRAUB - 2/14/02 \$61.969.905

CR2E037 (9/01)

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

*Attachment
824591*

DOCUMENT # NO1019

1. Entity Name
MEN'S CLUB OF POINCIANA
3536 POINCIANA DRIVE
LAKE WORTH, FL 33467-9937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3536 POINCIANA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL

City & State

4. FEI Number
59-2334439

Applied For
Not Applicable

Zip
33467-9937

Country
US

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
STANLEY J. WEINTRAUB

Street Address (P.O. Box Number is Not Acceptable)
3286 ARCADIA WAY - #102

City
LAKE WORTH FL Zip Code
33467-1498

**DO NOT WRITE
IN THIS SPACE**

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 Stanley J. Weintraub

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

(NOTE: Registered Agent signature required when reinstating)

2/12/02
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO</u> <u>OWEN FALK</u> <u>3326 ARCADIA WAY - #413</u> <u>LAKE WORTH, FL 33467</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>LARRY SILVER</u> <u>6850-10TH AVE. NO. #101</u> <u>LAKE WORTH, FL 33467</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>DAVID BAKEMAN</u> <u>6723 STARKES PLACE</u> <u>LAKE WORTH, FL 33467</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DT</u> <u>STANLEY J. WEINTRAUB</u> <u>3286 ARCADIA WAY - #102</u> <u>LAKE WORTH, FL 33467-1498</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FSD</u> <u>HERB VOGEL</u> <u>6698-10TH AVE. NO. #307</u> <u>LAKE WORTH, FL 33467</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>SOL BRICKNER</u> <u>3871 POINCIANA DRIVE #601</u> <u>LAKE WORTH, FL 33467</u>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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

SIGNATURE: Stanley J. Weintraub STANLEY J. WEINTRAUB 2/14/02 561-969-9051