

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-04-2003 90130 016 ***61.25

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DOCUMENT # N02000002335



1. Entity Name
BANYAN SPRINGS GOLF CLUB, INC.

Principal Place of Business
**10780 CEDAR POINT BLVD
BOYNTON BEACH FL 32437**

Mailing Address
**10780 CEDAR POINT BLVD
BOYNTON BEACH FL 32437**

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

☒ 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

**LUBOW, NORMAN
10780 CEDAR POINT BLVD
BOYNTON BEACH FL 32437**

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 \$61.25

9. 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 | PRES | <input type="checkbox"/> Delete |
| NAME | NORMAN LUBOW D | |
| STREET ADDRESS | 10070 SHADYWOOD PL | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | FRED FEINBERG VICE PRES | <input type="checkbox"/> Delete |
| NAME | D | |
| STREET ADDRESS | 5306 CEDAR LANE DR | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | SECRETARY | <input type="checkbox"/> Delete |
| NAME | WALTER MEYER | |
| STREET ADDRESS | 10156 MANAYUNE DR. | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | TREAS. | <input type="checkbox"/> Delete |
| NAME | LOUIS KATZ | |
| STREET ADDRESS | 5124 PINE DA | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 |
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| 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 | | |

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: **Norman Lubow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)