

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90238 025 \*\*\*\*61.25

**DOCUMENT # N06641**

1. Entity Name

**BOCA GREENS COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

19642 TROPHY DRIVE  
 BOCA RATON FL 33498

19642 TROPHY DRIVE  
 BOCA RATON FL 33498-4633

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

**59-2444980**

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

~~SCHWARTZ, WILLIAM  
 19380 CHERRY HILLS TERRACE  
 BOCA RATON FL 33498~~

Name

**STANTON BERNSTEIN**

Street Address (P.O. Box Number is Not Acceptable)

**10404 CANOE BROOK CIRCLE**

City

**BOCA RATON,**

**FL**

Zip Code

**33498**

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

**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          | <del>VPD</del> PD             | <input type="checkbox"/> Delete            |
| NAME           | <del>BERNSTEIN, STANTON</del> |  |
| STREET ADDRESS | <del>19642 TROPHY DRIVE</del> |  |
| CITY-ST-ZIP    | <del>BOCA RATON FL</del>      |  |
| TITLE          | VPD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | NELSON, SAM                   |  |
| STREET ADDRESS | 10468 AUGUSTA COURT           |  |
| CITY-ST-ZIP    | BOCA RATON FL 33498           |  |
| TITLE          | PD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHWARTZ, WILLIAM             |  |
| STREET ADDRESS | 19380 CHERRY HILLS TERR       |  |
| CITY-ST-ZIP    | BOCA RATON FL 33498           |  |
| TITLE          | <del>SD</del> VPD             | <input type="checkbox"/> Delete            |
| NAME           | KLEIN, HAROLD                 |  |
| STREET ADDRESS | 10290 CAMELBACK LANE          |  |
| CITY-ST-ZIP    | BOCA RATON FL 33498           |  |
| TITLE          | T                             | <input type="checkbox"/> Delete            |
| NAME           | HORBAR, STANLEY               |  |
| STREET ADDRESS | 19642 TROPHY DRIVE            |  |
| CITY-ST-ZIP    | BOCA RATON FL                 |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | SD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PHILIP KAUFMAN       |  |
| STREET ADDRESS | 10531 Fenway Place   |  |
| CITY-ST-ZIP    | Boca Raton, FL 33498 |  |
| 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 of 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)