

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06641

1. Entity Name

BOCA GREENS COUNTRY CLUB, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90037 015 ****61.25

Principal Place of Business

19642 TROPHY DRIVE
 BOCA RATON FL 33498

Mailing Address

19642 TROPHY DRIVE
 BOCA RATON FL 33498

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

6. Name and Address of Current Registered Agent

BERNSTEIN, STANTON
 10404 CANOE BROOK CIRCLE
 BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name
 RICHARD ABRAMS

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

10411 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

TITLE	PD	☐ Delete
NAME	BERNSTEIN, STANTON	
STREET ADDRESS	19642 TROPHY DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	1VPD	☐ Delete
NAME	LOWEY, IRVING	
STREET ADDRESS	19642 TROPHY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	2VPD	☐ Delete
NAME	PORTMAN, TAMAH	
STREET ADDRESS	19642 TROPHY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	TD	☒ Delete
NAME	GRUBERG, LAWRENCE	
STREET ADDRESS	19642 TROPHY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	SD	☐ Delete
NAME	BLUM, FRANK	
STREET ADDRESS	19642 TROPHY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	RICHARD ABRAMS	
STREET ADDRESS	19642 TROPHY DRIVE	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	2ND VICE PRESIDENT/ TREASURER	☒ Change ☐ Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	1ST VICE PRESIDENT	☒ Change ☐ Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
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

Daytime Phone #

CR2E037 (9/01)