

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

01-28-2002 90008 038 ****61.25

DOCUMENT # N07223

1. Entity Name

STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

**10343 STONEBRIDGE BLVD
 BOCA RATON FL 33498-6443**

**10343 STONEBRIDGE BLVD
 BOCA RATON FL 33498-6443**

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

59-2539217

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

Name

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

City

FL

Zip Code

**BIVELACQUE, CATHY
 10343 STONEBRIDGE BLVD
 BOCA RATON FL 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 **PD** ☒ Delete
 NAME **KESTENBAUM, DANIEL E**
 STREET ADDRESS **10343 STONEBRIDGE BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **President - Director** ☐ Change ☒ Addition
 NAME **Leon Meshel**
 STREET ADDRESS **10343 Stonebridge Blvd**
 CITY-ST-ZIP **Boca Raton FL 33498**

TITLE **TD** ☒ Delete
 NAME **MESHEL, LEON**
 STREET ADDRESS **10343 STONEBRIDGE BLVD.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **Vice President - Director** ☐ Change ☒ Addition
 NAME **Marvin Weinstein**
 STREET ADDRESS **10343 Stonebridge Blvd**
 CITY-ST-ZIP **Boca Raton FL 33498**

TITLE **V** ☒ Delete
 NAME **SALOVIN, ALLAN**
 STREET ADDRESS **10343 STONEBRIDGE BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **Secretary - Director** ☐ Change ☒ Addition
 NAME **Arnold Fleisig**
 STREET ADDRESS **10343 Stonebridge Blvd**
 CITY-ST-ZIP **Boca Raton FL 33498**

TITLE **VO** ☒ Delete
 NAME **SALOVIN, ALLAN**
 STREET ADDRESS **1034 STONEBRIDGE BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **Treasurer - Director** ☐ Change ☒ Addition
 NAME **Martin Dash**
 STREET ADDRESS **10343 Stonebridge Blvd**
 CITY-ST-ZIP **Boca Raton FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)