

2002 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 12, 2002 8:00 am
Secretary of State

04-03-2002 90204 024 ****70.00

DOCUMENT # N09043

1. Entity Name

BOCA WEST COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 3070
 BOCA RATON FL 33431-7970

P O BOX 3070
 BOCA RATON FL 33431-7970

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

59-2596122

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

HRAWG CORP
2000 GLADES RD., SUITE 400
BOCA RATON FL 33431

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	LIPKIN, WALTER	
STREET ADDRESS	20583 BOCA WEST DRIVE	
CITY-ST-ZIP	BOCA RATON FL 32434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, VIVIAN	
STREET ADDRESS	20583 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNEIDER, MICHAEL	
STREET ADDRESS	20583 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIPIETRO, JAY	
STREET ADDRESS	20583 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRIPODI, PAUL	
STREET ADDRESS	20583 BOCA WEST DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LECHNER, MELVIN	
STREET ADDRESS	20583 BOCA WEST DRIVE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	Chairman & C.E.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Dopkins	
STREET ADDRESS	20583 Boca West Drive	
CITY-ST-ZIP	Boca Raton, FL 33434	D
TITLE	First Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert I. Greenberg	
STREET ADDRESS	20583 Boca West Drive	
CITY-ST-ZIP	Boca Raton, FL 33434	D
TITLE	Financial Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melvin Lechner	
STREET ADDRESS	20583 Boca West Drive	
CITY-ST-ZIP	Boca Raton, FL 33434	D
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay DiPietro	
STREET ADDRESS	20583 Boca West Drive	
CITY-ST-ZIP	Boca Raton, FL 33434	D
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Emas	
STREET ADDRESS	20583 Boca West Drive	
CITY-ST-ZIP	Boca Raton, FL 33434	D
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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREP-G.M.

3-25-02

561-488-6937

Date

Daytime Phone #

CR2E037 (9/01)