FILED

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

Jul 28, 2003 8:00 am **Secretary of State DOCUMENT # N09043** 1. Entity Name 07-28-2003 90136 015 ****61.25 BOCA WEST COUNTRY CLUB, INC. Principal Place of Business Mailing Address 30141360 P O BOX 3070 P O BOX 3070 BOCA RATON FL 33431-7970 BOCA RATON FL 33431-7970 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2596122 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HRAWG CORP Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES RD., SUITE 400 **BOCA RATON FL 33431** City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D Director Addition TITI F TITLE Delete STANLEY EMAS PO BOX 3070 NAME LIPKIN, WALTER NAME STREET ADDRESS 20583 BOCA WEST DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 32434** CITY-ST-ZIP Boca Raton, Fr Delete Director ☐ Change TITLE TITLE Addition NAME ALLEN, VIVIAN NAME Jerry Kramer POBBX 3070 20583 BOCA WEST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL ... CITY-ST-ZIP Director TITLE Delete Arthur Adler SNEIDER, MICHAEL NAME NAME POBOX 3070 20583 BOCA WEST DR STREET ADDRESS STREET ADDRESS FL 33431 BOCK Ratin CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE ☐ Addition **DIPIETRO, JAY** NAME STREET ADDRESS 20583 BOCA WEST DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Director ☐ Change TITLE TITLE TRIPODI, PAUL Jay Cohen NAME 20583 BOCA WEST DRIVE STREET ADDRESS STREET ADDRESS 4030K3070 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP BOCA Ratin TITLE Delete TITLE ☐ Change Addition LECHNER, MELVIN NAME NAME STREET ADDRESS 20583 BOCA WEST DRIVE STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BOCA RATON FL