

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

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90072 049 \*\*\*\*61.25

**DOCUMENT # N12390**

1. Entity Name  
**OCEAN BREEZE GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business

**5800 NW 2ND AVE.  
BOCA RATON FL 33487**

Mailing Address

**5800 NW 2ND AVE.  
BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2641578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILES, ANNE  
5800 N.W. 2ND AVENUE  
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VERRO, RICHARD P	
STREET ADDRESS	5800 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POTTER, KIPP D	
STREET ADDRESS	5800 NW 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEPSIC, ROBERT	
STREET ADDRESS	5800 NW 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSEN, CHARLES	
STREET ADDRESS	5800 NW 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOCOCO, GASPER	
STREET ADDRESS	5800 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, KIPP D.	
STREET ADDRESS	5800 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLAMING, JACQUELINE	
STREET ADDRESS	5800 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIN, DAVID	
STREET ADDRESS	5800 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		
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]* **PASSIDENT 3/10/03 - 994-0400**

CR2E037 (10/02)