2000 UNIFORM BUSINESS REPORT (UBR)

2/25/00-90020-022-$61.25-$61.25

DOCUMENT # N15995

1. Entity Name

BOCA WOODS COUNTRY CLUB ASSOCIATION, INC.

FILED

00 MAR 31 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10471 BOCA WOODS LANE BOCA RATON FL 33428	10471 BOCA WOODS LANE BOCA RATON FL 33428-1831

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 59-2720777 ☐ 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
GRABELSKY, BERNARD 11410 BOCA WOODS LANE BOCA RATON FL 33428	Name: Leon Hirschfeld/Controller Street Address (P.O. Box Number is Not Acceptable): 10471 Boca Woods Lane City: Boca Raton, FL Zip Code: 33428

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: Leon Grabelsky — Controller — DATE: 3/16/00

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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRABELSKY, BERNARD 11410 BOCA WOODS LANE BOCA RATON FL 33428	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOWELL, GRACE C 11282 CLOVER LEAF CIRCLE BOCA RATON FL 33428	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EDELSON, STANLEY 10454 BOCA WOODS LANE BOCA RATON FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HENDLER, RICHARD 10740 RIVER GLEN DRIVE BOCA RATON FL 33428	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition LS

CR2E037 (9/99)

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 Grace C Lowell 1/4/00 (561) 487-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #