

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18735

1. Entity Name

BOYNTON BEACH MUNICIPAL MEN'S GOLF ASSOCIATION,

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90115 013 ****61.25

Principal Place of Business

Mailing Address

8020 809 RD.
BOYNTON BEACH FL 33436

4035 N SHADY LANE
BOYNTON BEACH FL 33436-2338
US

AUUUJ500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2495306

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SPOO, HENRY R.
4035 NORTH SHADY LANE
BOYNTON BEACH FL 33436

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	SD	<input type="checkbox"/> Delete
NAME	SPOO, HENRY R.	
STREET ADDRESS	4035 NORTH SHADY LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWLER, JAMES	
STREET ADDRESS	5211 MINTO RD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DANDREA, CHESTER	
STREET ADDRESS	557 COVERED BRIDGE BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDEN, GEORGE	
STREET ADDRESS	1635 PALM LAND DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYTEN, ANDREW	
STREET ADDRESS	621 E. SEAPINE WAY	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	EDELSON, MICHAEL	
STREET ADDRESS	188885 ARGOSY DR.	
CITY-ST-ZIP	BOCA RATON FL	

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	
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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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 561-852-0976
Date Daytime Phone #

CR2E037 (9/99)