

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22067 (5)

1. Corporation Name

UNIVERSITY CLUB OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

C/O DONALD E. ROSS
3601 N. MILITARY TRAIL
BOCA RATON FL 33431

C/O DONALD E. ROSS
3601 N. MILITARY TRAIL
BOCA RATON FL 33431

3. Date Incorporated or Qualified
08/17/1987

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2840981

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DONALD E.
3601 N. MILITARY TRAIL
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARVILLE, HUGH	
STREET ADDRESS	% NATL LEATHER, KNOX AVE	
CITY - ST - ZIP	JOHNSTOWN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, A. RICHARD	
STREET ADDRESS	BOX 279	
CITY - ST - ZIP	OLD FORGE NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANDGREN, ARTHUR E.	
STREET ADDRESS	5191 TENNIS LANE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORTIMER, JOHN	
STREET ADDRESS	611 PLUM RUN DR.	
CITY - ST - ZIP	WESTCHESTER PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINO, FRANK A.	
STREET ADDRESS	5189 W WOODMILL DR #30	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, DONALD E.	
STREET ADDRESS	150 NE 5TH AVE	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/96

407 994 1825

CR2E037 (12/95)