

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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 ☐ DELETE

NAME
CARVILLE, HUGH
STREET ADDRESS
110 S WILLIAM
CITY-ST-ZIP
JOHNSTOWN NY

TITLE ☐ DELETE

NAME
COHEN, A. RICHARD
STREET ADDRESS
MAIN STREET
CITY-ST-ZIP
OLD FORGE NY

TITLE ☐ DELETE

NAME
LANDGREN, ARTHUR E.
STREET ADDRESS
2707 SW 6TH STREET
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
MORTIMER, JOHN
STREET ADDRESS
406 ALLENGENCE DRIVE
CITY-ST-ZIP
WESTCHESTER PA

TITLE ☐ DELETE

NAME
ROBINO, FRANK A.
STREET ADDRESS
5189 W WOODMILL DR #30
CITY-ST-ZIP
WILMINGTON DE

TITLE ☐ DELETE

NAME
ROSS, DONALD E.
STREET ADDRESS
212 COCONUT PALM RD
CITY-ST-ZIP
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *Donald E. Ross* President & Director 1/16/98 561-994-0770

CR2E037 (10/97)