

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22067

1. Corporation Name

UNIVERSITY CLUB OF BOCA RATON, INC.

Principal Place of Business

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

Mailing Address

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90050 047 ****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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

TITLE PD
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 D
1.2 NAME Hugh Carville
1.3 STREET ADDRESS Knox Ave.
1.4 CITY-ST-ZIP Johnstown, NY 12095

2.1 TITLE D
2.2 NAME A. Richard Cohen
2.3 STREET ADDRESS Box 279
2.4 CITY-ST-ZIP Old Forge, NY 13420

3.1 TITLE T/D
3.2 NAME Arthur E. Landgren
3.3 STREET ADDRESS 2707 S.W. 6th Street
3.4 CITY-ST-ZIP Delray Beach, FL 33445

4.1 TITLE D
4.2 NAME John Mortimer
4.3 STREET ADDRESS 2625 Concord Pike
4.4 CITY-ST-ZIP Wilmington, DE 19803

5.1 TITLE D
5.2 NAME Frank A. Robino, Jr.
5.3 STREET ADDRESS 5189 W. Woodmill Drive, #30
5.4 CITY-ST-ZIP Wilmington, DE 19808

6.1 TITLE P/D
6.2 NAME Donald E. Ross
6.3 STREET ADDRESS 16083 Via Monteverde
6.4 CITY-ST-ZIP Delray Beach, FL 33446

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)