## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P95000011784 PALM BEACH GOLF CENTER - BOCA, INC. 04-25-2001 90377 016 \*\*\*150.00 Principal Place of Business Mailing Address 3698 N. FEDERAL HWY 7100 N MILITARY TRAIL BOCA RATON FL 33431 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business TRAIL 7700 N. MILITARY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0556964 PALM BEACH GARDENS FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 1201 US HIGHWAY ONE -SUITE 240A -3801 PEA BLVD., SUITE 802 <u> North-Palm Beach Fl 33408 -</u> 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Delete TITLE TITLE SUGARMAN, LAWRENCE NAME 7700 N. MILITARY TRAIL 3698 N. FEDERAL HWY STREET ADDRESS STREET ADDRESS PALMBEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 3343**1 Change ☐ Delete 1700 N. MILITARY TRAIL SUGARMAN, LAWRENCE NAME STREET ADDRESS 3698 N. FEDERAL HWY STREET ADDRESS POLM BEACH GARDENS FL 33410 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: