

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90359 028 \*\*\*150.00

**DOCUMENT # P95000021844**

1. Entity Name

**NORTHSTAR MANAGEMENT COMPANY, INC.**

Principal Place of Business

6561 CASCADES ISLES BLVD  
 BOYNTON BEACH FL 33437  
 US

Mailing Address

6561 CASCADES ISLES BLVD  
 BOYNTON BEACH FL 33437  
 US

2. Principal Place of Business

**5196 Clover Creek Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**5196 Clover Creek Dr.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Boynton Beach, FL**

Zip

**33437**

Country

**Palm Beach**

City & State

**Boynton Beach, FL**

Zip

**33437**

Country

**Palm Beach**

4. FEI Number

**65-0572487**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WURTENBERGER, KENNETH P  
 ATLAS, PEARLMAN, TROP, & BORKSON  
 200 E LAS OLAS BLVD SUITE 1900  
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing,  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **VPS** ☐ Delete  
 NAME: **DOBRIN, MARJORIE**  
 STREET ADDRESS: **7063 SIENA COURT**  
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **P** ☐ Delete  
 NAME: **ETTINGER, DAVID**  
 STREET ADDRESS: **7103 ENCINA LANE**  
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
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 CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/01**  
 Date

**561 759-7720**  
 Daytime Phone #

CR2E034 (10/00)