

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093959

1. Entity Name

BOCA GOLF VIEW DEVELOPERS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90038 020 ***150.00

Principal Place of Business

350 WEST CAMINO GARDENS BLVD.
SUITE 303
BOCA RATON FL 33432

Mailing Address

350 WEST CAMINO GARDENS BLVD.
SUITE 303
BOCA RATON FL 33432-5825

2. Principal Place of Business

321 E. Hillsboro Blvd.
Suite, Apt. #, etc.

3. Mailing Address

321 E. Hillsboro Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, Fla.

City & State

Deerfield Beach, Fla.

4. FEI Number

65-0626574

Applied For

Not Applicable

Zip

Country

33441

Zip

Country

33441

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STREET, BRIAN
350 WEST CAMINO GARDENS BLVD.
SUITE 303
BOCA RATON FL 33432

Name

321 E. Hillsboro Blvd.

City

Deerfield Beach,

FL

Zip Code

33441

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRIAN STREET	
STREET ADDRESS	4460 NW 27TH AVENUE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHOCKET, JEFFREY I	
STREET ADDRESS	1330 NW 108 AVE	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	321 E. Hillsboro Blvd.
CITY - ST - ZIP	Deerfield Beach, Fla. 33441
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	321 E. Hillsboro Blvd.
CITY - ST - ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Jeffrey I. Schocket VP
4/26/00 (954) 418-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)