2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # 709082 1. Entity Name THE LANDINGS BOAT CLUB, INC. 04-28-2001 90081 037 ****61.25 Principal Place of Business Mailing Address P.O. BOX 11331 P.O. BOX 11331 FT LAUDERDALE FL 33339-1331 FT LAUDERDALE FL 33339-1331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1984681 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERNSTEIN, MICHAEL 1140 BAYVIEW DR. FORT LAUDERDALE FL 33304 City 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition TITLE Delete TITLE PD NAME BERNSTEIN, MICHAEL NAME COLON, MICHAEL STREET ADDRESS 5237 NE 31ST AVENUE STREET ADDRESS 2801 NE 55th PLACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL FORT LAUDERDALE, FL 33308 TITLE ☐ Delete TITLE NAME BEDOC, ELIZABETH NAME MARQUART, NANCY STREET ADDRESS STREET ADDRESS 3100 NE 57TH CT. 3210 NE 58th STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL FT. LAUDERDALE, FL 33308 ☐ Addition TITLE **▼** Delete TITLE X Change ZUZCHIK, LEONARD NAME NAME KORNOWSKI, ELIZABETH STREET ADDRESS STREET ADDRESS 5301 NE 33 AVE. 3100 NE 57th COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL FORT LAUDERDALE, FL 33308 ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mila O. C., Res. MICHAEL A. COLON, PRESIDENT 954.489.0440

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if