Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am secretary of State **DOCUMENT # 709082** 1. Entity Name THE LANDINGS BOAT CLUB, INC. 04-02-2002 90929 047 ****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 Applied For 59-1984681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wardlaw D. Box Number is Not Acceptable) Blyd BERNSTEIN, MICHAEL 1140 BAYVIEW DR. FORT LAUDERDALE FL 33304 233308 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 Stuart C. Wardlaw. SIGNATURE printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State à 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition NAME BERNSTEIN. MICHAEL NAME STREET ADDRESS 2801 NE 55YTH PL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change ☐ Addition NAME BEDOC, ELIZABETH NAME STREET ADDRESS 3100 NE 57TH CT. STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL CITY-ST-ZIP TITLE Delete -TITLE Addition Paul Renneisen Kornowski, Elizabeth NAME 3111 NE 57th Court Ft. Lauderdale, FL 33308 STREET ADDRESS 3100 NE 57TH CRT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP **☑** Delete SPPD TITLE ☐ Addition Elizabeth Kornowski NAME MARQUART, NANCY 3100 NE 57 m Court STREET ADDRESS 3210 NE 58TH ST STREET ADDRESS Ft. Lauderdale, FL 33308 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.