

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90001 024 \*\*\*\*61.25

**DOCUMENT # 732133**  
 1. Entity Name  
**BUILDING THREE OF RACQUET CLUB APARTMENTS AT BONAVENTURE 6 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**PHOENIX**  
**541 ST RD #7**  
**SUITE 12**  
**MARGATE, FL 33068**

Mailing Address  
**JANET GEIST**  
**100 LAKEVIEW DR #112**  
**WESTON, FL**  
**33326**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

City & State  
**PHOENIX AZ**

City & State  
**WESTON FL**

Zip  
**33068**

Country  
**USA**

4. FEI Number  
**59-1804274**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**c/o Jan Geist**  
**100 Lake View Dr 112**  
**Weston FL 33326**

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 *Janet Geist* DATE 4/25/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MARY JANE BROTMAN</b>	
STREET ADDRESS <b>100 Lakeview Dr. # 118</b>	
CITY-ST-ZIP <b>Weston FL 33326</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>DAVID LANGE</b>	
STREET ADDRESS <b>100 Lakeview Dr. # 207</b>	
CITY-ST-ZIP <b>Weston FL 33326</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LOWDES CELESTRIN</b>	
STREET ADDRESS <b>100 Lakeview Dr # 214</b>	
CITY-ST-ZIP <b>Weston FL 33326</b>	
TITLE <b>TREASURER - SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>JAN GEIST</b>	
STREET ADDRESS <b>100 LAKEVIEW DR # 112</b>	
CITY-ST-ZIP <b>WESTON, FL 33326</b>	
TITLE <b>D. ADELE GOUSE</b>	<input type="checkbox"/> Delete
NAME <b>100 LAKEVIEW DR # 305</b>	
STREET ADDRESS <b>WESTON FL 33326</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" 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	

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.

SIGNATURE: *Janet Geist* DATE 4/25/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 2 0:17 09/9