## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3015 NORTH OCEAN BLVD., #121

## P96000023763 **DOCUMENT #**

1. Entity Name

Principal Place of Business

3015 NORTH OCEAN BLVD.. #121

RACQUET CLUB RESORTS, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 92191 014 \*\*\*150.00

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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  FOSTER, REBECCA A 3015 N OCEAN BLVD \$121  FT. LAUDERDALE FL 33308  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NAME  TITLE  DVP OTTINO, J.P. OFFICER SAND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFF	
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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 suppliemental report is frue 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 employered to execute this report as required by Chapter 607, 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:

<del>eg</del>uired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #