

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 747076

1. Entity Name

RACQUET CLUB APARTMENTS AT BONAVENTURE 8 SOUTH C

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90024 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11530 ST ROAD 84  
DAVIE FL 33325  
US

PO BOX 551380  
DAVIE FL 33355-1380  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1920122

Applied For

Not Applicable

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

WEST BROWARD PROPERTY MGMT  
% ANGELA FIORE  
11530 ST RD 84  
DAVI FL 33325

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VPD	<input type="checkbox"/> Delete
NAME	WALTER, HERBERT	
STREET ADDRESS	389 LAKEVIEW DRIVE #202	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, JOSEPH	
STREET ADDRESS	399 LAKEVIEW DRIVE #102	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANTUO, KENNETH	
STREET ADDRESS	341 LAKEVIEW DR #101	
CITY-ST-ZIP	WESTON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, MORRIS	
STREET ADDRESS	331 LAKEVIEW DR, 101	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbet Walter	
STREET ADDRESS	389 Lakeview Drive #202	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Vice-President PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Lefcourt	
STREET ADDRESS	341 Lakeview Drive # 101	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Secretary SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Schwartz	
STREET ADDRESS	399 Lakeview Drive # 201	
CITY-ST-ZIP	Weston, FL 33326	
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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)