

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90315 020 ****61.25

DOCUMENT # 730191

1. Entity Name

RACQUET CLUB ESTATES, INC.

Principal Place of Business

Mailing Address

BOX 560423
 MIAMI FL 33256-7423

BOX 560423
 MIAMI FL 33256-7423

2. Principal Place of Business

3. Mailing Address

P O Box 565820

P O Box 565820

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33256-5820

USA

33256-5820

USA

4. FEI Number

59-1885218

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

CONNELL, JIM
8630 S.W. 94TH ST.
MIAMI FL 33156

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **8540 SW 94TH ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STAHL, JACK**
 STREET ADDRESS **8610 S W 94TH ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CONNEL, JIM.**
 STREET ADDRESS **8630 S.W. 94TH ST.**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **CANTOR, HINDA**
 CITY-ST-ZIP **8640 SW 94 St.**
Miami, FL 33156

TITLE ☐ Delete
 NAME **BONNER, BARBARA**
 STREET ADDRESS **8530 SW 94TH ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FERIA, AMARYLLIS**
 CITY-ST-ZIP **8510 SW 94TH ST**
MIAMI FL 33156

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ABOLILA, TONY**
 CITY-ST-ZIP **8540 SW 94th St.**
Miami, FL 33156

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **MCKEON, ELLEN**
 CITY-ST-ZIP **8610 SW 94 ST**
MIAMI FL 33156

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)