## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO4655 1. Entity Name LAVER'S RESORT & RACQUET CLUB "B" CONDOMINIUM AS Principal Place of Business Mailing Address PO BOX 97-0069 BOCA RATON FL 33497-0069

## FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90108 030 \*\*\*\*61.25

2. Principal Pla	ace of Business	3. Mailing Address										
4350	DW MARRE	5. Walling Addition						BHI BITH BIT	<b></b>			
Suite, Apt. #	steC	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
'City State	DANU Boh Fl	City & State				4. FEI Number 59-2756627 Applied For Not Applied				plied For t Applicable		
3306L	BROWRED US	Zip	ntry		5. Certificate of	f Status Desired		\$8.75 Addi Fee Required				
	6. Name and Address of Current I	Registered Agent			1	7. Name and /	Address of New Re	gistered A	gent		1	
				Name								
PALOMBI, GARY				Street Address (P.O. Box Number is Not Acceptable)								
120 NO 10 AD DIO STOR												
4200		9/6C	,									
4350 NW 19 to Are Stell Pompano Beach F1 33064								FL	Zip Code	3	1	
8. The above named entity submits this statement for the purpose of changing its registered of						ed agent, or hoth	in the state of Flor				_	
o. The above	named only submits this statement for	the purpose of changing its	registere	su onice or	register	ed agent, or both	i, in the state of Flor	ida.				
SIGNATURE _												
:	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	:: Registere	d Agent signatu	ure required	when reinstating)		DATE				
											1	
	FILE NOW:					0 Мау Ве			Payable to	į		
	FEE IS \$61.25	Trust Fund Contrib	ution.	□.	Added	l to Fees	Dej	oartment	of State			
10.	OFFICERS AND DIF	RECTORS	11.				NGES TO OFFICE	SS AND DII	RECTORS IN	10	┨	
TITLE	PD OCT OCT OCT OF SI	Delete	TITL			)	INGES TO OTTICE	10 AND DI	Change	Addition	ļģ	
NAME	KERKHOVEN, ED	r Delete	NAM	1	• •				CACOHANGO		(10/00)	
STREET ADDRESS	955 EGRET CIRCLE			ET ADDRESS								
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY	-ST-ZIP							F037	
TITLE	VD	☐ Delete	TITL	Ε	1)				Change	Addition	12	
NAME	CHAPIN, ELIZABETH		NAM	IE 3					<i>r</i>	_	C	
STREET ADDRESS	955 EGRET CIRCLE		STR	EET AODRESS								
CITY-ST-ZIP	DELRAY BEACH FL 33444		ÇITY	'-ST-ZIP								
TITLE	D	☐ Delete	TITL	E					☐ Change	Addition	1	
NAME	PACIFICO, JOSEPH		NAN	1E								
STREET ADDRESS	955 EGRET CIRCLE			EET ADDRESS								
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY	r-ST-ZIP								
TITLE	SD	Delete	TITL	E '	<b>H</b> U				Change	Addition		
NAME	RAISS, RENZO		NAN								-	
STREET ADDRESS	955 EGRET CIRCLE			EET ADDRESS								
CITY-ST-ZIP	DELRAY BEACH FL 33444		_	/-ST-ZIP						<del></del>	-	
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NAME CIDEET ADODECC			NAM			056		Cir	B30	6		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP	/ /	Dalas "	71 ·	17	33444	_		
		П				- EIKWA	Beach	11-	•	<b></b>	+	
TITLE NAME		☐ Delete	TITL		マン	Keni	tte, Pais	22	☐ Change	Addition		
STREET ADDRESS			NAM STB	AE EET ADDRESS		and	Falso		0 B	105		
CITY-ST-ZIP				Y-ST-ZIP	-	DOLLAR		EI	73 (11)	i		
	Length that the information supplied with	n this filing does not qualify fo			ted in S	ection 119 07/31/	il Elprida Statuton	further co	<u>フンヤビ</u> artify that tha	<u>√</u> information	-	
indicated	certify that the information supplied with	s true and accurate and that	my eigns	atura ehall k	hava tha	eame lend effer	t ac if made under	nath: that I	am an office	r or director		

of the corporation or the received privilege 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 #