

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723159

1. Entity Name

BROOKFIELD GARDENS RECREATIONAL CENTER, INC

Principal Place of Business

CENTER INC  
495 S.E. 8TH ST.  
DEERFIELD BCH. FL 33441

Mailing Address

CENTER INC  
495 S.E. 8TH ST.  
DEERFIELD BCH. FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMIA,  
LUNIA, FRANCES  
495 SE 8TH ST.  
DEERFIELD BEACH FL 33441

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 NAME STREET ADDRESS CITY-ST-ZIP	P GOSWICK, WILLIAM 495 SE 8TH ST DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERTHEIM, FRED 411 SE 8TH ST DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDY, MARY 495 SE 8TH ST DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMIA, FRANCES 495 S.E. 8TH STREET DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESPOSITO, JOE 495 SE 8TH ST DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCARDELLI, STELLA 501 SE 8TH ST DEERFIELD BCH. FL 33441	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

LITA GONZALES  
555 SE 8TH ST  
DEERFIELD BEACH FL 33441

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:

FRANCES LAMIA

Date

4/17/00

Daytime Phone #

954

427-2836

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90353 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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