

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91270 034 \*\*\*\*61.25

**DOCUMENT # 723159**

1. Entity Name

**BROOKFIELD GARDENS RECREATIONAL CENTER, INC**

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

**59-1538659**

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

**LANIA, FRANCES  
 495 SE 8TH ST.  
 DEERFIELD BEACH FL 33441**

Name

**MARY HARDY**

Street Address (P.O. Box Number is Not Acceptable)

**495 SE 8TH ST.**

City

**DEERFIELD BEACH**

**FL**

Zip Code

**33441**

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

*Mary Hardy*

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

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**

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	<b>P GOSWICK, WILLIAM 495 SE 8TH ST DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WERTHEIM, FRED 411 SE 8TH ST DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARDY, MARY 495 SE 8TH ST DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LAMIA, FRANCES 495 S.E. 8TH STREET DEERFIELD BEACH FL 33441</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV GONZALES, LITA 555 SE 8TH ST DEERFIELD BEACH FL 33441</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SCARDELLI, STELLA 501 SE 8TH ST DEERFIELD BCH. FL 33441</b>	<input checked="" 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
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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

**T. SCARDELLI, STELLA  
 501 SE 8TH ST.  
 DEERFIELD BEACH, FL 33441**

**D. CINICOLA, GENE  
 4040 SE 12 AVE.  
 DEERFIELD BEACH, FL**

**D. ERRICK, RITA  
 411 SE 8 STREET #228  
 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:

*Mary Hardy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

Deputy Secretary of State

CR2E037 (9/01)