

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

00754

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

4. FEI Number

59-1885218

Applied For

Not Applicable

Zip

Country

Zip

Country

33256-5820

USA

33256-5820

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00024831



DO NOT WRITE IN THIS SPACE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	ENDEAN, DELLA	8546 SW 94TH ST	MIAMI FL 33156	<input checked="" type="checkbox"/>
	STAHN, JACK	8610 S W 94TH ST	MIAMI FL 33156	<input type="checkbox"/>
VD	CONNEL, JIM.	8630 S.W. 94TH ST.	MIAMI, FL 33156	<input type="checkbox"/>
PD	BONNER, BARBARA	8530 SW 94TH ST	MIAMI FK 33156	<input type="checkbox"/>
D	FERIA, AMARYLLIS	8510 SW 94TH ST	MIAMI FL 33156	<input type="checkbox"/>
S	MCKEON, ELLEN	8646 SW 94 ST	MIAMI FL 33156	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	CANTOR, HINDA	8640 SW 94 St.	Miami, Fl 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ABOLILA, TONY	8540 SW 94th St.	Miami, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OF JIM CONNELL*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)