

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732532

1. Entity Name

SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5000 NORTH OCEAN BLVD.
FT LAUDERDALE FL 33308

Mailing Address

5000 NORTH OCEAN BLVD.
FT LAUDERDALE FL 33308

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

59-1657961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUDZACOV AND GREENBERG P.A.
345 W. OAKLAND PARK BLVD
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name KAYE & ROGER, P.A.
Street Address (P.O. Box Number is Not Acceptable)
6261 N.W. 6TH WAY, SUITE 103
FT. LAUD
City FT. LAUD State FL Zip Code 33309

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 of Registered Agent (Not Applicable) (NOT Required if Agent is Not 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCMLURE, CLARK DR.	
STREET ADDRESS	5100 N. OCEAN BLVD	
CITY-ST-ZIP	LBTS FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GADRY, MARY	
STREET ADDRESS	4900 N OCEAN BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSO, DANTE	
STREET ADDRESS	4900 N. OCEAN BLVD	
CITY-ST-ZIP	CBTS FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENTA, JAMES	
STREET ADDRESS	5100 N. OCEAN BLVD	
CITY-ST-ZIP	LBTS FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BABONI, JOSEPH	
STREET ADDRESS	5000 N OCEAN BLVD	
CITY-ST-ZIP	LBTS FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, OLIVER	
STREET ADDRESS	4900 N OCEAN BLVD	
CITY-ST-ZIP	LBTS FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

3-19-01 954-946-2471

Date

Daytime Phone #

CR2E037 (10/00)