

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90001 039 ****61.25

DOCUMENT # 747319

1. Entity Name

LUCERNE LAKES SWIM CLUB, INC.

Principal Place of Business

Mailing Address

4400 LUCERNE LAKES BLVD.
LAKE WORTH FL 33467

4400 LUCERNE LAKES BLVD.
LAKE WORTH FL 33467-3958

103411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1972734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MERKER, SALLY
4400 LUCERNE LAKES BLVD.
LAKE WORTH FL 33467

Name: **HENRY BROWN**
 Street Address (P.O. Box Number is Not Acceptable):
4400 LUCERNE LAKES BLVD
 City: **LAKE WORTH FL** Zip Code: **33467**

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

HENRY BROWN

Henry L Brown

1-11-00

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	P/D	<input checked="" type="checkbox"/> Delete
NAME	MERKER, SALLY	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZMAN, BEN	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MARTH, ROBERT	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SHELDON, LUCILLE	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MIGNON	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVER, WILLIAM	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY BROWN	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE SULLIVAN	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD HALPERN	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY MINUS	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	

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:

HENRY BROWN

Henry L Brown

Date

Daytime Phone #

1-11-00

561-494-0540

CR2E037 (9/99)