

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747569

1. Entity Name

DELRAY RACQUET CLUB ASSOCIATION, INC.

Principal Place of Business

610 EGRET CIR
DELRAY BEACH FL 33444
US

Mailing Address

610 EGRET CIR
DELRAY BEACH FL 33444-7930
US

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

59-1924245

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

GELFAND, MICHAEL J ESQ
ONE CLEARLAKE CENTRE STE 1010
250 S AUSTALIAN AVE
WEST PALM BEACH FL 33401

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, LISELOTTE	
STREET ADDRESS	2455 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, GUNTHER	
STREET ADDRESS	955 DOTTERAL ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, HERB	
STREET ADDRESS	955 DOTTERAL ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREBEN, IRWIN	
STREET ADDRESS	750 EGRET CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANSELM, AMY	
STREET ADDRESS	750 EGRET CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAYER, HELMUT	
STREET ADDRESS	5081 ALENCIA COURT	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID FRANKEL	
STREET ADDRESS	2455 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BCH, FL 33444	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN LUNDHOLM	
STREET ADDRESS	950 EGRET CIR	
CITY-ST-ZIP	DELRAY BCH, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SID MILLMAN	
STREET ADDRESS	2455 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BCH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, HELMUT	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

561-276-3792

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE