

2001 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
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 EBAHC 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 P
NAME FRANKEL, DAVID CHARLES OLIVER ☐ Delete
STREET ADDRESS 2255 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D
NAME DAVID FRANKEL ☐ Change ☐ Addition
STREET ADDRESS 2255 LINDELL BLVD
CITY-ST-ZIP DELRAY BCH, FL 33444

TITLE K
NAME LUNDHOLM, KEN ☐ Delete
STREET ADDRESS 956 EGRET CIR
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SMITH, HERB ANDREA LAZAR ☐ Delete
STREET ADDRESS 955 DOTTIER ROAD 455 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GREBEN, IRWIN ☐ Delete
STREET ADDRESS 750 EGRET CIR
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V. P.
NAME MILLMAN, SID ☐ Delete
STREET ADDRESS 2255 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MAYER, HELMUT LEON CHABAN ☐ Delete
STREET ADDRESS 5081 ALENCIA COURT 2255 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH FL DELRAY BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ANDREA LAZAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/17/01

Daytime Phone # 561-276-3792

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90394 016 *****61.25

00041836



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)