

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90176 003 \*\*\*\*61.25

**DOCUMENT # 747569**

1. Entity Name

**DELRAY RACQUET CLUB ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

610 EGRET CIR  
 DELRAY BEACH FL 33444  
 US

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**SCHNER, LARRY E ESQ.**  
**750 S. DIXIE HIGHWAY**  
**BOCA RATON FL 33432**

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	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKEL, DAVID	
STREET ADDRESS	2255 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDHOLM, KEN	
STREET ADDRESS	956 EGRET CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAZAR, ANDREA	
STREET ADDRESS	2455 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREBEN, IRWIN	
STREET ADDRESS	750 EGRET CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLMAN, SID	
STREET ADDRESS	2255 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHABAN, LEON	
STREET ADDRESS	2255 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Oliver	
STREET ADDRESS	2255 LindeLL Blvd #4104	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Atkinson	
STREET ADDRESS	2255 LindeLL Blvd #4505	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Prior	
STREET ADDRESS	2455 LindeLL Blvd # 3410	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		<input 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		

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:

*Charles Oliver* Charles Oliver President 3/14/02 561-276-3792

CR2E037 (9/01)