2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 748054 Jul 20, 2000 8:00 am 1. Entity Name **Secretary of State** THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINI 07-20-2000 90013 048 ***550.00 Principal Place of Business Mailing Address 2717 NO OCEAN BLVD 2717 NO OCEAN BLVD BOCA RATON FL 33431-7115 BOCA RATON FL 33431-7115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1943662 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOOD, RICHARD W 2717 N OCEAN BLVD **BOCA RATON FL 33431** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition TITI F ☐ Delete NAME DICKINSON, DOROTHY NAME STREET ADDRESS STREET ADDRESS 2717 N. OCEAN BLVD. CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Change ☐ Addition TITLE SDTD ☐ Delete TITLE NAME _ grossman, Louis NAME STREET ADDRESS STREET ADDRESS 2717 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 TITLE VD ☐ Delete TITLE ☐ Change ■ Addition NAME LEVEY, BARRY NAME STREET ADDRESS 2717 N. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 00000** ☐ Delete TITLE ☐ Change ▼ Addition NAME NAME STEIN, SID STREET ADDRESS STREET ADDRESS 2717 N.OCEAN BLVD CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition T/T/ F NAME NAMÉ STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 profit as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ent with an address, with all other like changed, or on an attack

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

== Daytime Phone # -