2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # 748054** 1. Entity Name THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINI 04-04-2001 90011 025 ****61.25 Mailing Address Principal Place of Business 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 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1943662 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WOOD, RICHARD W 2717 N OCEAN BLVD **BOCA RATON FL 33431** 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE PD Delete TITLE NAME DICKINSON, DOROTHY NAME STREET ADDRESS STREET ADDRESS 2717 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 00000** ☐ Addition TITL F SDTD 🔀 Delete TITLE LOU WERNER NAME GROSSMAN, LOUIS NAME -STREET ADDRESS 2717 N. OCEAN BLVD STREET ADDRESS 2717 N. OCEAN BLVD. CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP **BOCA RATON, FL 00000** Addition ☐ Change TITLE Delete TITLE LEVEY, BARRY NAME NAME STREET ADDRESS STREET ADDRESS 2717 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 00000** Change Delete ☐ Addition TITLE TITLE MARVIN ELRAD STEIN, SID NAME NAME 2717 NORTH OCEAN BLVD STREET ADDRESS STREET ADDRESS 2717 NORTH OCEAN BLVD BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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:

3/22/0/

Daytime Phone #