## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2000 8:00 am Secretary of State DOCUMENT # **759999** 1. Entity Name 03-01-2000 90067 001 \*\*\*\*61.25 RAVENSWOOD COMMUNITY CLUB, INC. Principal Place of Business Mailing Address 5200 SW 22MD TERR 2121 SW 53RD CT FT LAUDINDALE FL 33312-6006 D0027009 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 3028 S. W. 4155 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. LAUDERDAL Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 333/2 USA 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) WENTROBLE, GRACE 3028 S.W. 51 ST. FT. LAUDERDALE FL 33312 Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE Delete TITLE NAME NAME MARINO, ELSIE STREET ADDRESS STREET ADDRESS 5230 S.W. 25TH TERRACE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change ☐ Addition TD Delete TITLE TITLE NAME WENTROBLE, GRACE NAME STREET ADDRESS STREET ADDRESS 3028 SW 51ST ST. CITY-ST-ZIP CITY-ST-ZIP <u>ft. Lauderdale fl</u> SD ☐ Delete TITLE Change Addition TITLE NAME MCGUIRE, MARIAN NAME STREET ADDRESS STREET ADDRESS 2401 S.W. 53RD ST. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Addition ☐ Delete Change TITLE NAME MELVIN, BARBARA STREET ADDRESS STREET ADDRESS 5211 S.W. 29TH TERRACE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete Change Addition TITLE NAME NAME GERRY, PITCHER STREET ADDRESS STREET ADDRESS 2201 S.W. 52ND ST. CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33312 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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