

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90159 042 \*\*\*\*61.25

0055847

**DOCUMENT # 762694**

1. Entity Name

**LAS VERDES SOCIAL & CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~5191 COPPERLEAF CIR~~  
~~DELRAY BCH FL 33484~~

~~5191 COPPERLEAF CIR~~  
~~DELRAY BCH FL 33484~~

2. Principal Place of Business

3. Mailing Address

**15556 Bottlebrush Cir** **15336 Bottlebrush Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Delray Beach FL**

City & State

**Delray Beach FL**

Zip

**33484**

Country

**Palm Beach**

Zip

**33484**

Country

**Palm Beach**

4. FEI Number

**59-2330192**

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

~~LOPATA, S. E. P~~

~~5191 COPPERLEAF CIRCLE~~

~~DELRAY BEACH FL 33484~~

Name

**Arthur Weiner**

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

**15556 Bottlebrush Cir**

City

**Delray Beach**

FL

Zip Code

**33484**

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

**Arthur Weiner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/14/01**

**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 ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **SARNO, PETER**  
 CITY-ST-ZIP **5160 LAS VERDES CIR**  
**DELRAY BEACH FL 33484**

TITLE ☒ Change ☐ Addition  
 NAME **5160 Las Verdes Cir**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **WEINER, ARTHUR**  
 CITY-ST-ZIP **15556 BOTTLE BRUSH CIR**  
**DELRAY BCH.FL 00000 33484**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **BENDER, RICHARD**  
 CITY-ST-ZIP **15729 BOTTLEBUSH CIR**  
**DELRAY BEACH FL 33484**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **GOODMAN, CHARLES**  
 CITY-ST-ZIP **15880 LAUREY OAK CIR**  
**DELRAY BEACH FL 33484**

TITLE ☒ Change ☐ Addition  
 NAME **15880 Laurel Oak Cir**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/01**

**(561) 496 5631**

Date

Daytime Phone #

CR2E037 (10/00)