

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762694

1. Entity Name

LAS VERDES SOCIAL & CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15556 BOTTLE BRUSH CIRCLE
DELRAY BCH FL 33484

15556 BOTTLE BRUSH CIRCLE
DELRAY BCH FL 33484

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

59-2330192

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

WEINER, ARTHUR
15556 BOTTLE BRUSH CIRCLE
DELRAY BEACH FL 33484

Name

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

City

FL

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SARNO, PETER 5160 LAS VERDE CIRCLE DELRAY BEACH FL 33484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINER, ARTHUR 15556 BOTTLE BRUSH CIR DELRAY BCH, FL 00000 33484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENDER, RICHARD 15729 BOTTLEBRUSH CIR DELRAY BEACH FL 33484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODMAN, CHARLES 15880 LAUREL OAK CIRCLE DELRAY BEACH FL 33484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: *Richard BENDER* REQUIRED BENDER

1/5/02 561-496-2019

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90041 017 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)