

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810843

1. Entity Name

BISCAYNE SEA CLUB

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90124 049 \*\*\*\*61.25

Principal Place of Business	Mailing Address
8000 E DRIVE NORTH BAY VILLAGE MIAMI BEACH FL 33141	8000 E DRIVE NORTH BAY VILLAGE MIAMI BEACH FLA 33141-4143



DO NOT WRITE IN THIS SPACE

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	59-0787519	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAFFE, LEAH S  
8000 EAST DR, APT 106  
N. BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDS, ROBERT	
STREET ADDRESS	8020 EAST DRIVE APT 214	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHELSEY, JOSEPHINE	
STREET ADDRESS	8010 EAST DR. #307	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOLWAY, MARJORIE	
STREET ADDRESS	8020 EAST DRIVE #117	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACHOWYN, WILLIAM	
STREET ADDRESS	8010 EAST DR APT 108	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEAH, JAFFE	
STREET ADDRESS	8000 EAST DR., #106	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, SEYMOUR	
STREET ADDRESS	8020 EAST DR., #315	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDA GIUDICI, D	
STREET ADDRESS	8010 EAST DR #208	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wanda Giudici, D 1/26/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)