## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # F9600001218 1. Entity Name THE YACHT CLUB AT AVENTURA, INC. 08-31-2000 90102 003 \*\*\*550.00 Principal Place of Business Mailing Address % THE INVSCO GROUP LTD. % THE INVSCO GROUP LTD. 505 N. LAKE SHORE DR 505 N. LAKE SHORE DR A0074750 CHICAGO IL 60611 CHICAGO IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FEI Number Applied For 36-4068498 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) -1201-HAYS:STREET------SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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. ent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE ☐ Change Addition NAME GOULETAS, STEVEN NAME STREET ADDRESS 505 N. LAKE SHORE DR - Suil Ph Jil STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 TITLE ☐ Defete TITLE ☐ Change Addition NAME DIBENEDETTO, ANTHONY R NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP CHICAGO IL 60611 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHWARK, JAMES. NAME 505 N. LAKE SHORE DR - 54175 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60611 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME Barre Galler CASH A/C STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP $\operatorname{GL}\operatorname{CODE}$ TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS VOUCHER #CITY-ST-7/P

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nt with an address with all other like empowered.

CITY-ST-ZIP

SECRETARY 7-10-00 3/4-5-95-4714