

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # H28515**1. Entity Name
LUCERNE GREENS, INC.**Principal Place of Business**% MCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172**Mailing Address**% MCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE
MIAMI FL 331722. Principal Place of Business
700 NW 107TH AVENUE3. Mailing Address
700 NW 107TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL4. FEI Number
59-2461739Applied For
Not ApplicableZip Country
33172Zip Country
331725. 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**MCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE

MIAMI FL 33172 US

Name
MCCAIN DAVID BESQ.Street Address (P.O. Box Number is Not Acceptable)
700 NW 107TH AVENUECity FL Zip Code
MIAMI 33172

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 **DAVID B. MCCAIN****01/16/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE AS ☐ Delete
NAME SIERRA KATHLEEN E.
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE AS ☒ Change ☐ Addition
NAME SIERRA KATHLEEN E
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE PD ☐ Delete
NAME MILLER A S
STREET ADDRESS 700 NW 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE PD ☒ Change ☐ Addition
NAME MILLER STUART A
STREET ADDRESS 700 NW 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE T ☐ Delete
NAME MALCOLM WAYNEWRIGHT
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME PEKOR, ALLAN J.
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE VD ☒ Change ☐ Addition
NAME PEKOR, ALLAN J
STREET ADDRESS 730 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE VS ☐ Delete
NAME MCCAIN DAVID B
STREET ADDRESS 700 NW 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CD ☐ Delete
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE CD ☒ Change ☐ Addition
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David B. McCain

VS

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)