

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002254

1. Entity Name

TEN THOUSAND ISLANDS CLUB, LLC

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1460 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062

Mailing Address

1460 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062

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

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, ASHLEY
1460 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
GROSS, LEONARD
STREET ADDRESS 13020 SOUTH HAMPTON DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE NAME ☐ Delete
HALPERIN, MAURICE
STREET ADDRESS 2500 NORTH MILITARY TRAIL, SUITE 225
CITY-ST-ZIP BOCA RATON FL 33431

TITLE NAME ☐ Delete
BLOOM, ASHLEY
STREET ADDRESS 1460 SOUTH OCEAN BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE NAME ☐ Delete
MINKIN, CAROL
STREET ADDRESS 4405 WOODFIELD BLVD.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 (154) 98-8883

Daytime Phone #

CR2E083 (11/00)