

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90257 034 ****50.00

DOCUMENT # L01000015478

1. Entity Name
LAKE WORTH COUNTRY CLUB, LLC

Principal Place of Business

~~7 NORTH LAKE SIDE DRIVE~~
LAKE WORTH FL 33460
1 N. 7th Ave

Mailing Address

~~7 NORTH LAKE SIDE DRIVE~~
LAKE WORTH FL 33460
1 N. 7th Ave

2. Principal Place of Business

1 N. 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-1140260

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

33460

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name ROBERT RADICE

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

1 N. 7th Ave

City LAKE WORTH

FL

Zip Code 33460

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, word or symbol of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE 2 MANAGER ☐ Delete
NAME ROBERT RADICE
STREET ADDRESS 1 N. 7th Ave
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE MANAGER ☐ Delete
NAME LORETTA SHARP
STREET ADDRESS 1312 S. LAKE SIDE DR
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE MANAGER ☐ Delete
NAME ROBERT TROJAN
STREET ADDRESS 1 N. 7th Ave
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

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

ROBERT RADICE

2-11-02

Date

561-493-9300

Daytime Phone #

CR2E083 (9/01)