

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-06-2003 90027 026 ****50.00

2/6

DOCUMENT # L02000001425

1. Entity Name
BETWEEN CLUBS, LLC



Principal Place of Business
**17159 SE LIMERICK CT.
TEQUESTA FL 33469**

Mailing Address
**17159 SE LIMERICK CT.
TEQUESTA FL 33469**



2. Principal Place of Business
30 TURTLE CREEK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
30 TURTLE CREEK DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TEQUESTA, FLORIDA
Zip
33469
Country
MALDEN

City & State
TEQUESTA, FLORIDA
Zip
33469
Country
MALDEN

4. FEI Number
30-0028818

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRAT, D. BRUCE ESQ.
1061 EAST INDIANTOWN ROAD
SUITE 400
JUPITER FL 33477-5143**

7. Name and Address of New Registered Agent
Name
GEORGE F. AMERMAN
Street Address (P.O. Box Number is Not Acceptable)

30 TURTLE CREEK DRIVE
City
TEQUESTA FL Zip Code
33469

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **George F. Amerman**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/30/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER GEORGE F. AMERMAN 30 TURTLE CREEK DRIVE TEQUESTA, FLORIDA 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **George F. Amerman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE
1/30/03

DAYTIME PHONE #
561-745-4686

CR2E083 (10/02)