

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003384

1. Entity Name  
LE CLUB INTERNATIONAL, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 PM 12:35

Principal Place of Business  
1500 NORTH FEDERAL HIGHWAY, SUITE 200  
FORT LAUDERDALE FL 33304

Mailing Address  
1500 NORTH FEDERAL HIGHWAY, SUITE 200  
FORT LAUDERDALE FL 33304-1432



2. Principal Place of Business  
2900 NE 9th Street  
Suite, Apt. #, etc.

3. Mailing Address  
2900 NE 9th St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ft. Lauderdale FL  
Zip Country  
33304 USA

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Ft. Lauderdale FL  
Zip Country  
33304 USA

4. FEI Number  
65-0891272

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MASTRIANA, F. RONALD  
1500 NORTH FEDERAL HIGHWAY, SUITE 200  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent  
Name  
Daniel J. Martineak  
Street Address (P.O. Box Number is Not Acceptable)  
2900 NE 9th St.  
Ft. Lauderdale  
City FL Zip Code  
33304

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

mf 3/7/00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM BIRCH 9 INC	<input checked="" type="checkbox"/> Delete	TITLE NAME	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2882 NORTHEAST 14TH STREET		STREET ADDRESS	Le Club International	
CITY- ST- ZIP	POMPAÑO BEACH FL 33062		CITY- ST- ZIP	2900 NE 9th St.	
TITLE NAME	MGRM TOWNE DEVELOPMENT OF FT LAUDERDALE INC	<input type="checkbox"/> Delete	TITLE NAME	Ft. Lauderdale, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	710 N. PLANKINTON AVE., #1200		STREET ADDRESS		
CITY- ST- ZIP	MILWAUKEE WI 53203		CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)