

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003384

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90050 024 ****50.00

Principal Place of Business
2900 N.E. 9TH STREET
FORT LAUDERDALE FL 33304

Mailing Address
2900 N.E. 9TH STREET
FORT LAUDERDALE FL 33304

B0102478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0891272

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINCAK, DANIEL J
2900 N.E. 9TH STREET
FORT LAUDERDALE FL 33304

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BIRCH 9 INC
STREET ADDRESS 2900 N.E. 9TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33304

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

TITLE MGRM ☐ Delete
NAME TOWNE DEVELOPMENT OF FT LAUDERDALE INC
STREET ADDRESS 710 N. PLANKINTON AVE., #1200
CITY-ST-ZIP MILWAUKEE WI 53203

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information 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

Date

Daytime Phone #

CR2E083 (9/01)