

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0001771 AF

00 MAY -3 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000003444

1. Entity Name  
LAKESHORE CLUB DEVELOPMENT L.C.

Principal Place of Business  
307 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
307 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020-5011

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 65-0882870

Applied For  
Not Applicable

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

BIRDMAN, HARVEY  
307 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020

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

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BIRDMAN, HARVEY  
STREET ADDRESS 307 SOUTH 21ST AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

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

TITLE MGR  
NAME HIRSCH, HERBERT  
STREET ADDRESS 307 SOUTH 21ST AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 4000003268897  
STREET ADDRESS --05/26/00--01088--019  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME BIRDMAN, DIANE  
STREET ADDRESS 307 SOUTH 21ST AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

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

TITLE MGR  
NAME BIRDMAN, LOUIS  
STREET ADDRESS 307 SOUTH 21ST AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED

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

Date

Daytime Phone #

4/16/00 991-922-6070