

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002714**

1. Entity Name

DELRAY BEACH YACHT CLUB, LLC

FILED

00 JAN 21 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O WINSTON MANAGEMENT CORP. 311 W. SUPERIOR STREET, SUITE 525 CHICAGO IL 60610	Mailing Address C/O WINSTON MANAGEMENT CORP. 311 W. SUPERIOR STREET, SUITE 525 CHICAGO IL 60610-3537
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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 **36-4293963** | Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GILDAN, LAURIE ESQ
C/O GREENBERG TRAUIG, P.A.
777 S. FLAGLER DRIVE, #300E
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GELMAN, JEFFREY B	
STREET ADDRESS	1919 N SHEFFIELD AVENUE	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEINSTEIN, BARRY L	
STREET ADDRESS	311 W SUPERIOR STREET, SUITE 525	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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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
Barry L. Weinstein

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

January 11, 2000 (312) 787-5050

Date

Daytime Phone #