2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # N02594** 1. Entity Name THE LANDINGS RACQUET CLUB, INC. 01-29-2000 90133 009 ****61.25 Principal Place of Business Mailing Address 5350 LANDING BLVD 5350 LANDING BLVD SARASOTA FL 34231 SARASOTA FL 34231 911042 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2847526 Not Applicate Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NUSBAUM Street Address (P.O. Box Number GOODWILL, ROY JR 5098 KESTRAL PKWY, S SARASOTA FL 34231 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT ☐ Change Addition TITLE Delete TITLE CARL NUSBAUM NAME NAME GOODWILL, ROY JR 5400 EAGLES POINT CIR STREET ADDRESS STREET ADDRESS 5098 KESTRAL PKWY, S SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 VICE PRES - Change Addition TITLE DT Delete RALPH RICAPITO NAME 5357 LANDINGS BLUD NAME CAPO, ROBERT STREET ADDRESS STREET ADDRESS 1724 STARLING DR. SARASOTA . CITY-ST-ZIP CITY-ST-ZIP <u>sarasota fl</u> TRESSURER Change ☐ Delete TITLE ☐ Addition TITLE NAME EB BLACKETT NAME BLACKETT, EB 447 LANDINGS CIRCLE STREET ADDRESS STREET ADDRESS 1447 LANDINGS CIRCLE CITY-ST-ZIP CITY=ST=ZIP SARASOTA FL 34231 TITLE ☐ Change Addition Delete RICHARD GTAHAM TITLE NAME GINSBURG, MARVIN NAME 1734 KesTRAL PKWY, 5. STREET ADDRESS STREET ADDRESS 5268 HERON WAY 5ARASOTA, PL 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change **Addition** Delete Delete TITLE TITLE DS NAME AROLE WELCH 701 PINE HARRIER DR NAME TARRER, JOE STREET ADDRESS STREET ADDRESS 5168 KESTRAL PARK TERR CITY-ST-ZIP CITY-ST-ZIP PASOTA, PL 34231 Sarasota Fl ☐ Change Addition Delete (TITLE TITLE NAME TOE BROWN SUID CIR NAME NEWMAN, MARILYN STREET ADDRESS STREET ADDRESS 5230 LANDINGS BLVD CITY-ST-ZIP 34231 CITY-ST-ZIP SARASOTA FL 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if. changed, or on an attachment with an address, with all other like empowered.

recuired

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

922-3729