

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0087348

DOCUMENT # N02594

1. Entity Name

THE LANDINGS RACQUET CLUB, INC.

02-13-2002 90222 030 ****61.25

Principal Place of Business

Mailing Address

**5350 LANDING BLVD
 SARASOTA FL 34231**

**5350 LANDING BLVD
 SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2847526

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICAPITO, RALPH
 5357 LANDINGS BLVD
 SARASOTA FL 34231**

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

Ralph Ricapito
 Signature, typed or printed name of registered agent and title if applicable.

RALPH RICAPITO

1-28-02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S PENDRELL, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1705 STARLING DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME	P RICAPITO, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	5357 LANDINGS BLVD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME	VP FERNANDER, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	5173 FLICKER FIELD CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME	T GRAHAM, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1734 KESTRAL PKWY S	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME	D WELCH, CAROLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4701 PINE HARBRIER DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME	D WENDELL, COLIN	<input type="checkbox"/> Delete
STREET ADDRESS	5450 EAGLES POINT CIRCLE #202	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JERE BERKEY	
CITY-ST-ZIP	5420 EAGLES POINT CIRCLE #106	
	SARASOTA, FL 34231	
TITLE NAME	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JOEL EBERT	
CITY-ST-ZIP	4715 PINE HARBRIER DR	
	SARASOTA, FL 34231	
TITLE NAME	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JUDITH GREENE	
CITY-ST-ZIP	1965 Peregrine Point Dr	
	SARASOTA, FL 34231	

12. 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.

SIGNATURE:

Richard Graham
 SIGNATURE REQUIRED

1/28/02

(941) 923-3886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)