

DOCUMENT # N98000004388

1. Entity Name

THE RENAISSANCE ECONOMIC DEVELOPMENT COUNCIL OF

Principal Place of Business

17100 COLLINS AVENUE  
SUITE 208  
SUNNY ISLES BEACH FL 33160

Mailing Address

17100 COLLINS AVENUE  
SUITE 208  
SUNNY ISLES BEACH FL 33160

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

65-0861339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUBIN, JOSHUA A ESQ.  
19495 BISCAYNE BLVD., SUITE 606  
AVENTURA FL 33180-2320

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

William F. Lone  
17100 Collins Avenue # 208  
Sunny Isles Beach FL 33160

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

*William F. Lone*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE D ☒ Delete  
NAME WELT, KENNETH A  
STREET ADDRESS 3790 N. 28TH TERR.  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ Delete  
NAME LESNICK, STEVE  
STREET ADDRESS 17100 COLLINS AVENUE, SUITE 208  
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE D ☐ Delete  
NAME GERSTLE, MARK R  
STREET ADDRESS 1945 BISCAYNE BLVD., SUITE 702  
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete  
NAME LANE, BILL  
STREET ADDRESS 4300 N. UNIVERSITY DR #207  
CITY-ST-ZIP FORT LAUDERDALE FL 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
800003514928--7  
-12/28/00--01006--015  
\*\*\*\*236.25 \*\*\*\*236.25

REINSTATEMENT ☐ Change ☐ Addition  
TS

☐ Change ☐ Addition

☐ Change ☐ Addition  
LONE, BILL

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*William F. Lone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2000 306.947.5826  
Date Daytime Phone #

FILED

00 DEC 13 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)