

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90105 026 \*\*\*\*61.25

**DOCUMENT # N98000004388**

1. Entity Name

**THE RENAISSANCE ECONOMIC DEVELOPMENT COUNCIL OF  
 SUNNY ISLES BEACH, INC.**

Principal Place of Business

Mailing Address

17070 COLLINS AVE  
 STE 266B  
 SUNNY ISLES BEACH FL 33160

17070 COLLINS AVE  
 STE 266B  
 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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**LONE, WILLIAM F**  
**17070 COLLINS AVE STE 266B**  
**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)

*1/22/02*

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **John M. Shepherd Jr.**  
 STREET ADDRESS **16701 Collins Avenue**  
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

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

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

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

*1/22/01 305-947-5826*

Date

Daytime Phone #

CR2E037 (9/01)