

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/4.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 03-04-2000 90032 002 \*\*\*\*61.25

**DOCUMENT # N98000006822**

1. Entity Name

**LUCY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

2033 CALAIS DR., STE. 5  
 MIAMI BEACH FL 33414-3565

Mailing Address

2033 CALAIS DR., STE. 5  
 MIAMI BEACH FL 33414-3565

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~WALKER, H. WILLIAM JR.~~  
 200 S. BISCAYNE BLVD., STE. 4900  
 MIAMI FL 33131

**GEBHARDT, KLAUS**  
**2033 CALAIS DR.**  
**MIAMI BEACH, FL**  
**33141**

7. Name and Address of New Registered Agent

Name ~~KAINDLER, STEVEN C WHITE & CASE LLP~~  
 Street Address (P.O. Box Number is Not Acceptable)

**200 S. BISCAYNE BLVD, STE 4900**  
 City **MIAMI** FL Zip Code **33134**

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]* **GEBHARDT, KLAUS DPTS**  
 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**

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	DPTS	<input type="checkbox"/> Delete
NAME	GEBHARDT, KLAUS	
STREET ADDRESS	2033 CALAIS DR., STE. 5	
CITY-ST-ZIP	MIAMI BEACH FL 33414-3565	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEBHARDT, BEATE	
STREET ADDRESS	2033 CALAIS DR., STE. 5	
CITY-ST-ZIP	MIAMI BEACH FL 33414-3565	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOERZ, PETER	
STREET ADDRESS	2033 CALAIS DR., STE. 5	
CITY-ST-ZIP	MIAMI BEACH FL 33414-3565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00

Daytime Phone #

CR2E037 (9/99)