

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 007 ***150.00

0212107 AV

DOCUMENT # P02000037541

1. Entity Name

TWO CLUB INVESTMENTS, INC.



Principal Place of Business

~~5200 BLUE LAGOON DRIVE SUITE 600~~

~~MIAMI FL 33126~~

**1486 SAND CASTLE RD
SANIBEL FL 33957**

Mailing Address

~~5200 BLUE LAGOON DRIVE SUITE 600~~

~~MIAMI FL 33126~~

**1486 SAND CASTLE RD
SANIBEL FL 33957**

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

02 0579516

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

LEDER, NATHAN I

5200 BLUE LAGOON DRIVE SUITE 600

MIAMI FL 33126

Name

CLARK G RAMBO

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

1486 SAND CASTLE RD

City

SANIBEL

FL

Zip

33957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CLARK RAMBO

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

(NOTE: Registered Agent signature required when reinstating)

4-17-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEDER, NATHAN I	
STREET ADDRESS	5200 BLUE LAGOON DRIVE SUITE 600	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMBO, CLARK	
STREET ADDRESS	PO BOX 1379	
CITY-ST-ZIP	SANIBEL FL 33457	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/03 239 472-2004

CR2E034 (10/02)