

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 016 ***150.00

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DOCUMENT # P27615

1. Entity Name
DEERFIELD RECREATION, INC.



Principal Place of Business
**CENTURY VILLAGE ADMINISTRATION BLDG.
100 CENTURY BLVD.
WEST PALM BEACH FL 33417**

Mailing Address
**CENTURY VILLAGE ADMINISTRATION BLDG.
100 CENTURY BLVD.
WEST PALM BEACH FL 33417**

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 **59-2155905**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEVY, MARK F.
CENTURY VILLAGE ADMINISTRATION BLVG.
100 CENTURY BLVD.
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PESECKIS, LYNN L.	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVY, MARK F.	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LEVY, H. IRWIN	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WELLS, MONICA	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	W. PALM BCH. FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPEIR, KAREN	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LAURA	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	W. PALM BCH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAIVEN, JACK	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
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 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:

Mark F. Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark F. Levy

4/15/03

561-640-3133

Daytime Phone #

CR2E034 (10/02)