## '2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000071166 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name THE RACQUET CLUB OF COCOA BEACH INC. 07-18-2000 90090 036 \*\*\*150.00 Principal Place of Business Mailing Address 4600 TOM WARRINER 4600 TOM WARRINER BLVD COCOA BEACH FL 32932 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & Stale City & State 4. FEI Number 59-3290050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COTE: RICHARD'J" Street Address (P.O. Box Number is Not Acceptable) 4600 TOM WARRINER BLVD. COCOA BCH., FL 32932 Zip Code City 6. 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, typed or printed name of recistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME COTE. RICHARD J STREET ADDRESS STREET ADDRESS 4600 TOM WARRINER BLVD. CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32932 Addition TITLE Oelete TILE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [ Change TITLE Delete TITLE NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition FITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address,

SIGNATURE:

ごうじせい

7/31/00

TO WHOM IT MAY CONCERN;

SUBJECT REFERENCE # , P940000 71166

PLEASE ACCEPT THIS PAYMENT (SEE

ENCLOSED LETTER ) FOR MY ANNUAL

REPORT / UNIFORM BUSINESS TREPORT. THIS

WAS MY IST NOTICE. PLEASE ACCEPT

MY \$150.00 AND RELEASE ME FROM THE

\$400° FINE. WE HAVE A GOOD TRECORDING

SYSTEM OF PAYING INVOICES ON TIME AND

DID NOT RECEIVE A NOTICE PRION TO THIS

ONE.

SINCERLY, RICHARD J- COTE OWNER