

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90031 003 ****61.25

DOCUMENT # 720013

1. Entity Name

ISLAND CLUB FOUR, INC.

Principal Place of Business

Mailing Address

777 SOUTH FEDERAL HWY
 NECTARINE BLDG 4TH FLOOR OFFICE
 POMPANO BEACH FL 33062
 US

777 S FEDERAL HWY
 NECTARINE BLDG 4TH FLOOR
 POMPANO BEACH FL 33062-5968
 US

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

59-1608556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN & SHERMAN ACCOUNTING
4500 N STATE ROAD 7
SUITE 101
FT. LAUDERDALE FL 33319

4700 N STATE ROAD 7
SUITE 200

Name *Sherman + Sherman Accounting*

Street Address (P.O. Box Number is Not Acceptable)
4700 North State Road 7

Suite 200

City *Font Lauderdale*

FL

Zip Code *33319-580x*

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSSMAN, JEROME 777 S FEDERAL HWY UNIT #N102 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOURDAN, EDMUND 777 S. FEDERAL HWY #0206 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDALL, SYLVIA 777 S. FEDERAL HIGHWAY POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, JOSEPH 777 S FEDERAL HWY., UNIT #0305 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALVATI, SAM 777 S. FEDERAL HWY #106 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENNIS SMITH Sec'y 777 S FEDERAL HWY N410 954- POMPANO BEACH FLA 33062 783-2291	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONNIE BABCOCK ASST SECY 777 S FEDERAL HWY N211 954 POMPANO BEACH FL 33062 781-2521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH BATEMAN BEAUTIFICATION 777 S FEDERAL HWY N 309 954-996-0049 POMPANO BEACH FLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer VICTORIA GIELAROWSKI 777 S FEDERAL HWY N307 954-991-9993 POMPANO BEACH FLA 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Maintenance JACK KOCH 777 S FEDERAL HWY N207 954 POMPANO BEACH FLA 33062 943-8265	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEROME SUSSMAN 777 S FEDERAL HWY N102 954- POMPANO BEACH FLA 33062 941-0307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000 954-782-0711
 Date Daytime Phone #

CR2E037 (9/99)