

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90013 050 \*\*\*\*61.25

**DOCUMENT # 723811**

1. Entity Name

**ORIOLE CONDOMINIUM ONE CLUB, INC.**

Principal Place of Business

Mailing Address

7777 GOLF CIRCLE DRIVE  
 MARGATE FL 33063

7777 GOLF CIRCLE DRIVE  
 MARGATE FL 33063-7302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1572590**

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

**BERNEY, BERT**  
**7847 GOLF CIRCLE DR.**  
**APT 306**  
**MARGATE FL 33063**

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINREB, IRVING	
STREET ADDRESS	7797 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHER, ALBERT	
STREET ADDRESS	7837 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HURWITZ, BRINA	
STREET ADDRESS	7847 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORACK, MARCIA	
STREET ADDRESS	7857 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERGER, RAE	
STREET ADDRESS	7837 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERNEY, BERT	
STREET ADDRESS	7847 GOLF CIRCLE DR.	
CITY-ST-ZIP	MARGATE FL	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CF2E037 (9/99)

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**

*Bert Berney*

Date

Daytime Phone #

978-1955