

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90063 032 \*\*\*\*61.25

000005

**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

119020



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<i>V.P.</i> Lily n Hess	7897 Golf Circle Dr	Margate, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>President</i> Brina Hurwitz	7847 Golf Circle Dr	Margate, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Brina Hurwitz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/01*  
 Date

Daytime Phone #

CR2E037 (10/00)