

7/15

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-15-2002 90186 030 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728015

1. Entity Name

THE OLYMPUS ASSOCIATION, INC.

Principal Place of Business

500 THREE ISLANDS BLVD.
HALLANDALE FL 33009

Mailing Address

500 THREE ISLANDS BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1497116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SKRLD, INC.
ATTN: LISA LERNER
201 ALHAMRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

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

After September 13, 2002, min. will be \$236.25.

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 | S | <input type="checkbox"/> Delete |
| NAME | ABRAMS, PATRICIA | |
| STREET ADDRESS | 500 3 ISLAND BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SUPERFINE, EARL | |
| STREET ADDRESS | 500-3 ISLAND BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHERLINE, STUART | |
| STREET ADDRESS | 2500 PARKVIEW DR | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | LEE, LEON | |
| STREET ADDRESS | 2500 PARKVIEW DR | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | SILVERMAN, NORMA | |
| STREET ADDRESS | 600 THREE ISLANDS BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NEBBIA, JOSEPH | |
| STREET ADDRESS | 2500 PARKVIEW DR | |
| CITY-ST-ZIP | HALLANDALE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABRAMS PATRICIA | |
| STREET ADDRESS | 500 THREE ISLANDS BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHERMAN ROBERT | |
| STREET ADDRESS | 2500 PARKVIEW DR | |
| CITY-ST-ZIP | HALLANDALE FL. 33009 | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHERLINE STUART | |
| STREET ADDRESS | 2500 PARKVIEW DR | |
| CITY-ST-ZIP | HALLANDALE FL 32009 | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHNEIDER GAIL | |
| STREET ADDRESS | 600 THREE ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL. 33009 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOBB ROBERT | |
| STREET ADDRESS | 600 THREE ISLANDS BLVD. D | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BORGENICHT DAVID | |
| STREET ADDRESS | 2500 PARKVIEW DRIVE D | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |

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: *Patricia Abrams* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 456-8886

Date Daytime Phone #

CR2E037 (4/02)

