

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2001 90063 045 \*\*\*\*61.25

**DOCUMENT # 728789**

1. Entity Name

**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSO**

Principal Place of Business

Mailing Address

7867 GOLF CIRCLE DRIVE  
 MARGATE FL 33063

7867 GOLF CIRCLE DRIVE  
 MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1529233**

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

**FELDMAN, DON**  
**7867 GOLF CIRCLE DR.**  
**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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFSON, EDWARD</b>	
STREET ADDRESS	<b>7867 GOLF CIRCLE DR.</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALPRIN, ANNE</b>	
STREET ADDRESS	<b>7867 GOLF CIRCLE DRIVE</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERMAN RAIDER</b>	
STREET ADDRESS	<b>7867 GOLF CIRCLE DR</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>EISENBERG, NAT</b>	
STREET ADDRESS	<b>7867 GOLF CIRCLE DR.</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	<i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Donald Feldman</i>	
STREET ADDRESS	<i>7867 Baychick Dr.</i>	
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		

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: *Nathan Eisenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/09/01* *971-6182*

Date

Daytime Phone #

CR2E037 (10/00)