

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90079 035 \*\*\*\*61.25

**DOCUMENT # 738455**

1. Entity Name

**HOLIDAY SPRINGS VILLAGE RECREATION CORPORATION,**

Principal Place of Business

Mailing Address

**3131 HOLIDAY SPRINGS BLVD.  
 MARGATE FL 33063**

**3131 HOLIDAY SPRINGS BLVD.  
 MARGATE FL 33063-5403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1729972**

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

**KAPLAN, ELLEN  
 3150 HOLIDAY SPGS. BLVD.  
 MARGATE 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>P</b>	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, ELLEN</b>	
STREET ADDRESS	<b>3150 HOLIDAY SPRGS BLVD</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENBERG, SAMUEL</b>	
STREET ADDRESS	<b>3100 HOLIDAY SPRGS BLVD</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, MAURICE</b>	
STREET ADDRESS	<b>3140 HOLIDAY SPRGS BLVD</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GROSSMAN, MICHAEL</b>	
STREET ADDRESS	<b>3200 HOLIDAY SPGS BLVD</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAMASTRA, GEORGE</b>	
STREET ADDRESS	<b>3120 HOLIDAY SPRINGS BLVD.</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PUMILA, FRANK</b>	
STREET ADDRESS	<b>3200 HOLIDAY SPRINGS BLVD.</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	

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	

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 of Ellen Kaplan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELLEN G. KAPLAN** 3/7/00 9547526330

Date

Daytime Phone #

CR2E037 (9/99)