

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90458 045 ****61.25

DOCUMENT # 738455

1. Entity Name

HOLIDAY SPRINGS VILLAGE RECREATION CORPORATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1729972

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

**KAPLAN, ELLEN
 3150 HOLIDAY SPGS. BLVD.
 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 **P** Delete
 NAME **KAPLAN, ELLEN**
 STREET ADDRESS **3150 HOLIDAY SPRGS BLVD**
 CITY-ST-ZIP **MARGATE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ROSENBERG, SAMUEL**
 STREET ADDRESS **3071 HOLIDAY SPRINGS BLVD**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VICE PRES** Change Addition
 NAME **FRANK PUMIYA**
 STREET ADDRESS **3200 HOLIDAY SPRINGS BLVD**
 CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VP** Delete
 NAME **LEVINE, MAURICE**
 STREET ADDRESS **3140 HOLIDAY SPRGS BLVD**
 CITY-ST-ZIP **MARGATE FL**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BUCELLA, VITO**
 STREET ADDRESS **3180 HOLIDAY SPRINGS BLVD**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LAMASTRA, GEORGE**
 STREET ADDRESS **3120 HOLIDAY SPRINGS BLVD.**
 CITY-ST-ZIP **MARGATE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GALASSO, ANGELO**
 STREET ADDRESS **3180 HOLIDAY SPRINGS BLVD**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SECY** Change Addition
 NAME **GEORGE LEVINE**
 STREET ADDRESS **3071 HOLIDAY SPRINGS BLVD**
 CITY-ST-ZIP **MARGATE, FL 33063**

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:

George Levine
GEORGE LEVINE

GEORGE LEVINE, SECY

4-5-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)