

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90016 001 \*\*\*\*61.25

**DOCUMENT # 738496**

1. Entity Name

**CAMELOT VILLAGE ASSOCIATION, INC.**

Principal Place of Business

6610 MOONLIT DRIVE  
 DELRAY BEACH FL 33446

Mailing Address

6610 MOONLIT DRIVE  
 DELRAY BEACH FL 33446-1612

009900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1804012**

Applied For

Not Applicable

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

**BARSKY, ED  
 14882 WILDFLOWER LANE  
 DELRAY BEACH FL 33446**

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 **D** ☐ Delete  
 NAME **FRIEDMAN, JULIUS**  
 STREET ADDRESS **14740 WILDFLOWER LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☒ Change ☐ Delete  
 NAME **GERALD OPPENHEIM**  
 STREET ADDRESS **6877 MOONLIT DR**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **TD** ☐ Delete  
 NAME **KREVSKY, SEYMOUR**  
 STREET ADDRESS **6830 MOONLIT DR.**  
 CITY-ST-ZIP **DELRAY BCH, FL 00000**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CHAYET, RICHARD**  
 STREET ADDRESS **14914 WILDFLOWER LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **HARRIS, LILLIAN**  
 STREET ADDRESS **6722 MOONLIT DRIVE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **BARSKY, ED**  
 STREET ADDRESS **14882 WILDFLOWER LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HOLTZMAN, LOU**  
 STREET ADDRESS **6838 MOONLIT DR**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Delete  
 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 I am the registered agent 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 changed, or on an attachment with an address, with all other like empowered.

**Secretary - Treasurer**

SIGNATURE:

**SIGNATURE REQUIRED**

**Camelot Village Assoc Inc. 1-26-00 (561) 499-7000**