

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-14-2000 90093 012 ****61.25

DOCUMENT # 740587

1. Entity Name

HOLLY COURT AT WOODMONT, A CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

OFFICE-POOLSIDE
 8795 HOLLY COURT
 TAMARAC FL 33321

OFFICE-POOLSIDE
 8795 HOLLY COURT
 TAMARAC FL 33321-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1891340

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

Name

LAWRENCE FEINBERG

Street Address (P.O. Box Number is Not Acceptable)

8770 HOLLY COURT #6-101

City

TAMARAC

FL

Zip Code

33321

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

LAWRENCE FEINBERG

Lawrence Feinberg

2/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	P GROSS, SHELDON 8799 HOLLY COURT TAMARAC FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEINBERG, LAWRENCE 8770 HOLLY COURT TAMARAC, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MERVYN 8751 HOLLY COURT TAMARAC, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, ROSALYN 8799 HOLLY COURT TAMARAC FL 32321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, SAMUEL 8770 HOLLY COURT TAMARAC, FL 00000	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELLIOT LAZAR 8780 HOLLY COURT TAMARAC FL. 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MYRA COHEN 8751 HOLLY COURT TAMARAC FL. 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHERY LAZAR 8780 HOLLY COURT TAMARAC FL. 33321	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED

Lawrence Feinberg

2/28/00

726-2297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)