

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747184

1. Entity Name

BUILDING THREE OF COUNTRY CLUB APARTMENTS AT BON

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90050 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16200 GOLF CLUB ROAD  
 FT. LAUDERDALE FL 33326  
 US

541 ST RD 7 #12  
 MARGATE FL 33068-1711  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1919064

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KATZMAN, LEE  
 441 SOUTH STATE ROAD 7  
 SUITE 102  
 MARGATE FL 33068

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>BRESSLER, GEORGE</b>
STREET ADDRESS	<b>16200 GOLF CLUB ROAD #301</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>KOSNOFF, ISADORE</b>
STREET ADDRESS	<b>16200 GOLF CLUB DR. 110</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SIBULKIN, SALLY</b>
STREET ADDRESS	<b>16200 GOLF CLUB RD, #201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SIBULKIN, MELVIN</b>
STREET ADDRESS	<b>16200 GOLF CLUB RD, #201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ARONOFF, SIDNEY</b>
STREET ADDRESS	<b>16200 GOLF CLUB ROAD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>
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	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sylvia Ruskin - vice pres</b>
STREET ADDRESS	<b>16200 Golf Club Road #208</b>
CITY-ST-ZIP	<b>Ft Lauderdale FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mike Shapiro - Sec</b>
STREET ADDRESS	<b>16200 Golf Club Road</b>
CITY-ST-ZIP	<b>Ft Lauderdale FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Herman Sirota</b>
STREET ADDRESS	<b>16200 Golf Club Road #213</b>
CITY-ST-ZIP	<b>Ft Lauderdale FL</b>
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)(l), 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 Bressler* **GEORGE BRESSLER** 1/12/00 954 384-0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR/E037 (9/99)