

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2000 90008 036 \*\*\*\*61.25

**DOCUMENT # N09930**

1. Entity Name

**BELFORT NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 189013  
 PLANTATION FL 33318  
 US

~~\* SUMMIT PROP MGMT~~  
 PO BOX 189013  
 PLANTATION FL 33318-9013  
 US

00019200



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

**59-2543723**

Applied For

Not Applied For

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

~~GASTLE PROPERTY SERVICES~~  
 4450 W SUNRISE BLVD  
 SUITE C-100  
 PLANTATION FL 33313

Name

**Castle Management Inc.**

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	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
VD	FOX, GEORGE	94191 N. BELFORT CIRCLE	TAMARAC FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	SPILLER, ED	9951 N. BELFORT CIRCLE	TAMARAC FL	<input checked="" type="checkbox"/> Delete	SD	GREEN, ELAINE	9524 N. BELFORT CR.	TAMARAC, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD	EVENITSKY, JACK	9762 N. BELFORT CIRCLE	TAMARAC FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	GASS, SAUL	9579 N. BELFORT CIRCLE	TAMARAC FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	POLANSKY, JAMES	9767 N BELFORT CIR	TAMARAC FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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 another line empowered.

SIGNATURE:

*Saul Gass*  
**SAUL GASS, President**

Date

Daytime Phone #

1/26/00 (954) 792-6000