

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90002 019 ****61.25

DOCUMENT # N11496

1. Entity Name

MIDDLE RIVER CLUB, INC.

Principal Place of Business

**3000 N.E. 16TH AVENUE
 OAKLAND PARK FL 33334**

Mailing Address

**3000 N.E. 16TH AVENUE
 OAKLAND PARK FL 33334**

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

59-2021166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DANKER, OTTO
 3000 NE 16TH AV #D209
 OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANKER, OTTO	
STREET ADDRESS	3000 NE 16 AV #209	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRUMAN, MAXINE	
STREET ADDRESS	3000 NE 16TH AV D207	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLEDSON, JANST	
STREET ADDRESS	3020 NE 16TH AV E205	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PERRY, DOROTHY	
STREET ADDRESS	3000 NE 16TH AV #D103	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORSTER, JANYCE	
STREET ADDRESS	3000 NE 16TH AV D112	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN HARMAN	
STREET ADDRESS	3040 N.E. 16 Ave. #207	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO DANKER	
STREET ADDRESS	3000 N.E. 16 AVE. #209	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
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		

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:

ADDRESS REQUIRED

5/24/01

954-536-4454

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CR2E037 (10/00)