

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-12-2000 90078 021 \*\*\*150.00

**DOCUMENT # P96000051950**

1. Entity Name  
**BROOKMAN-FELS AT COUNTRY CLUB ESTATES, INC.**

Principal Place of Business

Mailing Address

**940 HARBOR ISLANDS DR  
 HOLLYWOOD FL 33019  
 US**

**940 HARBOE ISLANDS DR  
 G-9  
 HOLLYWOOD FL 33019  
 US**

044100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**940 HARBOR ISLANDS DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**HOLLYWOOD FL**

4. FEI Number

**65-0685044**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33019**

**US**

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

**SAVAGE, CRAIG D  
 801 N.E. 167TH STREET  
 SUITE 302  
 NORTH MIAMI FL 33162**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
SD	LEVY, MICHAEL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	940 HARBOR ISLANDS DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
PD	FELS, JON	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	940 HARBOR ISLANDS DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
VD	OFFENBERG, BERNARD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	940 HARBOR ISLANDS DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernard Offenberg* **BERNARD OFFENBERG** 4/26/00 (954) 454-1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)