

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747173

1. Entity Name

BUILDING FIVE OF COUNTRY CLUB APARTMENTS AT BONA

Principal Place of Business

16175 GOLF CLUB RD #105
FT. LAUDERDALE FL 33326
US

Mailing Address

%PHOENIX MANAGEMENT
541 S STATE 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

59-1920129

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

PHOENIX MANAGEMENT
541 S ST RD 7 #12
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	TD	<input checked="" type="checkbox"/> Delete
NAME	FIELD, MILTON	
STREET ADDRESS	16175 GOLF CLUB RD #302	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TERRACCIANO, CARMING	
STREET ADDRESS	16175 GOLF CLUB RD #109	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WECHSER, NETTIE	
STREET ADDRESS	16175 GOLF CLUB RD #309	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORGAN PERRY	
STREET ADDRESS	16175 GOLF CLUB RDS #213	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CREPEAU, PAUL	
STREET ADDRESS	16175 GOLF CLUB RD #209	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	SHULMAN, BEATRICE	
STREET ADDRESS	16175 GOLF CLUB RD #102	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENCOR FIELD	
STREET ADDRESS	16175 GOLF CLUB RA # 302	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK NEMROW	
STREET ADDRESS	16175 GOLF CLUB RA # 312	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING ROSTEL	
STREET ADDRESS	16175 GOLF CLUB RD # 204	
CITY-ST-ZIP	WESTON FL 33326	
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:

Signature of Paul Crepeau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90287 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)