

# 2001 UNIFORM BUSINESS REPORT (UBR)

5.

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90107 017 \*\*\*\*61.25

**DOCUMENT # N26217**

1. Entity Name

**OLD CUTLER SPRINGS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O DOHAN, HOLLY J  
 5737 SW 130 TERR  
 MIAMI FL 33156

C/O DOHAN, HOLLY J  
 5737 SW 130 TERR  
 MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

**2801 Ponce de Leon Blvd.**

**2801 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**750**

**750**

City & State

City & State

**Coral Gables, FL**

**Coral Gables, FL**

Zip

Country

Zip

Country

**33134**

**USA**

**33134**

**USA**

4. FEI Number

**65-0106181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOHAN, HOLLY J**  
**5737 SW 130 TERR**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Howard S. Susskind**

Street Address (P.O. Box Number is Not Acceptable)

**2801 Ponce de Leon Blvd.**

**Suite 750**

City

**Coral Gables**

**FL**

Zip Code

**33134**

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

**4/24/01**

**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

|                |                   |                                            |
|----------------|-------------------|--------------------------------------------|
| TITLE          | PD                | <input checked="" type="checkbox"/> Delete |
| NAME           | DOHAN, HOLLY J    |                                            |
| STREET ADDRESS | 5737 SW 130 TERR  |                                            |
| CITY-ST-ZIP    | MIAMI FL          |                                            |
| TITLE          | VD                | <input checked="" type="checkbox"/> Delete |
| NAME           | DOHAN, STEVEN H   |                                            |
| STREET ADDRESS | 5737 SW 130 TERR  |                                            |
| CITY-ST-ZIP    | MIAMI FL          |                                            |
| TITLE          | D                 | <input checked="" type="checkbox"/> Delete |
| NAME           | TARG, ELYSE       |                                            |
| STREET ADDRESS | 5735 S.W. 130 ST. |                                            |
| CITY-ST-ZIP    | MIAMI FL 33156    |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | President (D)                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Howard S. Susskind            |                                                                              |
| STREET ADDRESS | 2801 Ponce de Leon Blvd, #750 |                                                                              |
| CITY-ST-ZIP    | Coral Gables, FL 33134        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          | Director (D)                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Robert Targ                   |                                                                              |
| STREET ADDRESS | 5735 S.W. 130 Street          |                                                                              |
| CITY-ST-ZIP    | Miami, Florida 33156          |                                                                              |
| TITLE          | Director (D)                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Barry Davis                   |                                                                              |
| STREET ADDRESS | 5725 S.W. 130 Street          |                                                                              |
| CITY-ST-ZIP    | Miami, Florida 33156          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 it a 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 REQUIRED**

(Signature and typed or printed name of signing officer or director)

**4/24/01**

Date

**305/529-2801**

Daytime Phone #

CR2037 (10/00)