

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90197 027 \*\*\*158.75

**DOCUMENT # 311666**

1. Entity Name

**THE AMBASSADOR SOUTH DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

2774 S. OCEAN BLVD.  
 PALM BEACH FL 33480

2774 S. OCEAN BLVD.  
 PALM BEACH FL 33480

CUU11524



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 **59-1205161**

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

**MCDONALD, JACK, ESQ.**  
**2875 S OCEAN BLVD.**  
**PALM BCH FL 33480**

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, BENEDICT	
STREET ADDRESS	2774 S OCEAN BLVD, #701	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CANTER, ELIOT	
STREET ADDRESS	2774 S OCEAN BLVD, #709	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAPPIN, IRENE	
STREET ADDRESS	2774 S OCEAN BLVD, #405	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPETT, MICHAEL	
STREET ADDRESS	2774 S OCEAN BLVD, #406	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORMAN, LEONARD	
STREET ADDRESS	2774 S OCEAN BLVD, #805	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANDELSMAN, JOSEPH	
STREET ADDRESS	2774 S OCEAN BLVD, #108	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAIOMAN, JANE	
STREET ADDRESS	2774 S. Ocean Blvd. # 404	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Safro, Abraham	
STREET ADDRESS	2774 S. Ocean Blvd. # 102	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wortman, Ruth	
STREET ADDRESS	2774 S. Ocean Blvd, # 512	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, Matthew	
STREET ADDRESS	2774 S. Ocean Blvd. # 304	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Biener, Martin	
STREET ADDRESS	2774 S. Ocean Blvd. # 802	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lampert, Elinor	
STREET ADDRESS	2774 S. Ocean Blvd. # 101	
CITY-ST-ZIP	Palm Beach, FL 33480	

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:

*Matthew Allen - Trust.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MATTHEW ALLEN**

*1/18/2001*  
 Date

Daytime Phone #

031 304

CR2E034 (10/00)