

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719950

1. Entity Name

The Hemispheres Social Club, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90095 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

40 Dorothy Ross  
1985 S Ocean Dr 5-N  
Hallandale, FL 33009-5939

40 Dorothy Ross  
1985 S Ocean Dr 5-N  
Hallandale, FL 33009

2. Principal Place of Business

40 Dorothy Ross

3. Mailing Address

40 Dorothy Ross

Suite, Apt. #, etc.

1985 S Ocean Dr 5-N

Suite, Apt. #, etc.

1985 S Ocean Dr 5-N

City & State

Hallandale FL

City & State

Hallandale, FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

6. Name and Address of Current Registered Agent

Ross, Dorothy  
1985 S Ocean Drive  
Apt # 5-N  
Hallandale, FL 33009

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 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 type="checkbox"/> Delete
NAME	Ross, Dorothy	
STREET ADDRESS	1985 S Ocean Dr 5-N	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	UD	<input type="checkbox"/> Delete
NAME	Goldman, Harold	
STREET ADDRESS	1980 S Ocean Dr 21L	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	UD UP	<input type="checkbox"/> Delete
NAME	Frank, Belle	
STREET ADDRESS	1950 S Ocean Dr 12 E	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	UD UP	<input type="checkbox"/> Delete
NAME	Leitstein, Jeanne	
STREET ADDRESS	1980 S Ocean Dr MP	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Singer, Eve	
STREET ADDRESS	1950 S Ocean Dr 16B	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Kroffmann, Edythe	
STREET ADDRESS	1980 S Ocean Dr 20F	
CITY-ST-ZIP	Hallandale FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	UD UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leitstein, Jeanne	
STREET ADDRESS	1950 S Ocean Dr 17-E	
CITY-ST-ZIP	Hallandale, FL 33009	
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:

Eve Singer (Treasurer)

3-22-00

9544574024

Date

Daytime Phone #

CR2E037 (9/99)