

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 719950**

1. Entity Name

**THE HEMISPHERES SOCIAL CLUB, INC.**

Principal Place of Business

Mailing Address

C/O DOROTHY ROSS  
1985 S. OCEAN DR 5N  
HALLANDALE FL 33009C/O DOROTHY ROSS  
1985 S. OCEAN DR 5N  
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7313568**

Applied For

Not Applicable

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

ROSS, DOROTHY  
1985 SOUTH OCEAN DRIVE  
APT # 5N  
HALLANDALE FL 33009

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPD  
ROSS, DOROTHY  
1985 S. OCEAN DR., APT 5N  
HALLANDALE FL 33009☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVD  
GOLDMAN, HAROLD  
1980 S. OCEAN DR. APT 21L  
HALLANDALE FL 33009☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVDVP  
FRANK, BELLE  
1950 S OCEAN DR #12E  
HALLANDALE FL 33009☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVD  
LEITSTEIN, JEANNE  
1950 S OCEAN DR 17-E  
HALLANDALE FL 33009☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTD  
SINGER, EVE  
1980 S. OCEAN DRIVE, APT. 16B  
HALLANDALE FL 33009☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSD  
KAUFMANN, EDYTHE  
1980 S OCEAN DR APT 20F  
HALLANDALE FL 33009☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90146 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)