

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90129 017 \*\*\*\*61.25

**DOCUMENT # 719950**

1. Entity Name

**THE HEMISPHERES SOCIAL CLUB, INC.**



Principal Place of Business

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

Mailing Address

**C/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 & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**ROSS, DOROTHY  
1985 SOUTH OCEAN DRIVE  
APT # 5N  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, DOROTHY</b>	
STREET ADDRESS	<b>1985 S. OCEAN DR, APT 5N</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SINGER, HERB</b>	
STREET ADDRESS	<b>1950 S. OCEAN DR APT 16B</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VDVP</b>	<input type="checkbox"/> Delete
NAME	<b>FRANK, BELLE</b>	
STREET ADDRESS	<b>1950 S OCEAN DR #12E</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LEITSTEIN, JEANNE</b>	
STREET ADDRESS	<b>1950 S OCEAN DR 17-E</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SINGER, EVE</b>	
STREET ADDRESS	<b>1950 S. OCEAN DRIVE, APT. 16B</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KAUFMANN, EDYTHE</b>	
STREET ADDRESS	<b>1980 S OCEAN DR APT 20F</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 954457 4084

CR2E037 (10/02)

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