

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90017 040 \*\*\*\*61.25

**DOCUMENT # 724988**  
 1. Entity Name  
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE C ASSO** ✓

Principal Place of Business Mailing Address  
**C ASSOCIATION, INC.** **C ASSOCIATION, INC.**  
**7857 GOLF CIRCLE DR.** **7857 GOLF CIRCLE DR.**  
**MARGATE FL 33063** **MARGATE FL 33063**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1529232** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BORACK, MARCIA**  
**7857 GOLF CIRCLE DR**  
**C-208**  
**MARGATE FL 33063**

7. Name and Address of New Registered Agent  
 Name *Gloria Gould*  
 Street Address (P.O. Box Number is Not Acceptable) *7857 Golf Circle Drive*  
*Apt 111*  
 City *Margate, FL* FL Zip Code *33069*

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 *Gloria Gould* DATE *7/14/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BORACK, MARCIA</b>
STREET ADDRESS	<b>7857 GOLF CIR.DR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KOKOT, LILLIAN</b>
STREET ADDRESS	<b>7857 GOLF CIRCLE DR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>WARNER, MARGARET</b>
STREET ADDRESS	<b>7857 GOLF CIRCLE DR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>GOULD, GLORIA</b>
STREET ADDRESS	<b>7857 GOLF CIRCLE DR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>MATIAS, RAY</b>
STREET ADDRESS	<b>7857 GOLF CIRCLE DR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEVY, JOSEPH</b>
STREET ADDRESS	<b>7857 GOLF CIRCLE DR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</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	

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]* DATE: *7/14/00* DAYTIME PHONE: *948-8100*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)