

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725785

1. Entity Name

BERMUDA CLUB ONE ASSOCIATION, INC.

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

02-26-2001 90518 018 \*\*\*\*61.25

Principal Place of Business

6299 N.W. 57TH STREET  
TAMARAC FL 33319

Mailing Address

6299 N.W. 57TH STREET  
TAMARAC FL 33319

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

59-1513191

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

CASTLE MANAGEMENT INC  
4450 WEST SUNRISE BLVD  
SUITE C-100  
PLANTATION FL 33313

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-ZIP  
PD  
KAUFMAN, MAXINE  
5940 N.W. 64TH AVE.  
TAMARAC FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARVIN GOLDMAN  
5980 N.W. 64TH AVE  
TAMARAC, FL 33319 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TSACLAS, JIM  
6000 NW 64TH AVE #310  
TAMARAC FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RICHARD BRAFF  
5980 N.W. 64TH AVE  
TAMARAC, FL 33319 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HOSOLDITZ, LIBBY  
5980 NW 64TH AVE #201  
TAMARAC FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SOL WEISBER  
5940 N.W. 64TH AVE  
TAMARAC, FL 33319 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GROSSMAN, JUDY  
5940 NW 64TH AVE #104  
TAMARAC FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AD  
GROSS, HARRY  
6000 N.W. 64TH AVE.  
TAMARAC FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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 #

CR2E037 (10/00)