

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90125 046 ****61.25

DOCUMENT # 725786

1. Entity Name

BERMUDA CLUB TWO ASSOCIATION, INC.

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

59-2140795

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 MGMT 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: Delete
 NAME: **TD HETZ, ANN**
 STREET ADDRESS: **6050 NW 64TH AVE. # 309**
 CITY-ST-ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME: **ANN HERTZ**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **PD FRIEDMAN, BURT**
 STREET ADDRESS: **6070 NW 64TH AVE.**
 CITY-ST-ZIP: **TAMARAC FL**

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

TITLE: Delete
 NAME: **VD LUSKIN, DAVID**
 STREET ADDRESS: **6020 N.W. 64TH AVE.**
 CITY-ST-ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME: **IRBNE WARSHAW**
 STREET ADDRESS: **6050 N.W. 64TH AVE**
 CITY-ST-ZIP: **TAMARAC FL. 33319**

TITLE: Delete
 NAME: **SD RIVLIN, JACK**
 STREET ADDRESS: **6020 NW 64TH AVE**
 CITY-ST-ZIP: **TAMARAC, FL 00000**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 REQUIRED*

1-15-2001 (954) 221-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)