

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **725791**

1. Entity Name

**BERMUDA CLUB SIX ASSOCIATION, INC.**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90043 010 \*\*\*\*61.25

Principal Place of Business <b>6299 N.W. 57TH STREET TAMARAC FL 33319</b>	Mailing Address <b>6299 N.W. 57TH STREET TAMARAC FL 33319-2305</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1514284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

~~CASTLE PROPERTY SERVICES GROUP INC.~~  
**4450 WEST SUNRISE BLVD  
 SUITE C-100  
 PLANTATION FL 33313**

**7. Name and Address of New Registered Agent**

Name  
**Castle Management, Inc.**  
 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 *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Admin.** **4/20/00**  
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		
TITLE <b>PD</b>	<input type="checkbox"/> Delete	
NAME <b>BLICKSTEIN, HARRIET</b>		
STREET ADDRESS <b>5901 NW 61ST AVE.</b>		
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		
TITLE <b>VP</b>	<input type="checkbox"/> Delete	
NAME <b>GREENSPAN, ROSE</b>		
STREET ADDRESS <b>5961 N.W. 61ST AVE.</b>		
CITY-ST-ZIP <b>TAMARAC FL</b>		
TITLE <b>TD</b>	<input type="checkbox"/> Delete	
NAME <b>LIEBERMAN, LOU</b>		
STREET ADDRESS <b>5901 N.W. 61ST AVE.</b>		
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		
TITLE <b>ASD</b>	<input type="checkbox"/> Delete	
NAME <b>ROSENTHAL, MILTON</b>		
STREET ADDRESS <b>6021 NW 61 AVE</b>		
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: Rose Greenspan **ROSE REQUIRED** President **4-10-00** **721-8217**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #