

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725792

1. Entity Name

BERMUDA CLUB SEVEN ASSOCIATION, INC.

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

04-27-2000 90037 025 ****61.25

Principal Place of Business

6299 N.W. 57TH STREET
TAMARAC FL 33319

Mailing Address

6299 N.W. 57TH STREET
TAMARAC FL 33319-2305

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1514283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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 PD ☐ Delete
NAME PLATT, ANN
STREET ADDRESS 5851 NW 62ND AVE
CITY-ST-ZIP TAMARAC, FL 00000

TITLE VD ☐ Delete
NAME PORTELLI, EMMA
STREET ADDRESS 6161 NW 57TH COURT
CITY-ST-ZIP TAMARAC FL 33319

TITLE SD ☐ Delete
NAME COHEN, GLORIA
STREET ADDRESS 5841 NW 61 AVE
CITY-ST-ZIP TAMARAC, FL 00000

TITLE ASD ☐ Delete
NAME SHENKMAN, MAX
STREET ADDRESS 6161 NW 57TH COURT
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Ann Platt *Ann Platt* President 4-11-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

722 8056

CR2E037 (9/99)