

# 2001 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90126 036 \*\*\*\*61.25

**DOCUMENT # 725792**

1. Entity Name

**BERMUDA CLUB SEVEN ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6299 N.W. 57TH STREET  
TAMARAC FL 33319

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

**59-1514283**

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **6211 ST JOHN FIELD-D**  
CITY-ST-ZIP **5851 N.W. 62ND AVE**  
**TAMARAC, FL 33319**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)