

**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**

DO NOT WRITE IN THIS SPACE



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 **6161 NW 57TH COURT**  
 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)