

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725793

1. Entity Name

BERMUDA CLUB EIGHT ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SERVICES GROUP INC.~~
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION FL 33319

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEVITT, JACK
STREET ADDRESS 5801 NW 62ND AVE
CITY-ST-ZIP TAMARAC FL

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

TITLE ADS ☐ Delete
NAME COHEN, SHIRLEY
STREET ADDRESS 5890 N.W. 64TH AVE
CITY-ST-ZIP TAMARAC FL 33319

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

TITLE VD ☐ Delete
NAME PRESTON, LIL
STREET ADDRESS 5864 NW 64TH AVE
CITY-ST-ZIP TAMARAC FL 33319

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

TITLE SD ☐ Delete
NAME SHERMAN, ROSLYN
STREET ADDRESS 5860 NW 64TH AVE
CITY-ST-ZIP TAMARAC FL

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

TITLE VD ☐ Delete
NAME RAELSON, GERT
STREET ADDRESS 5890 NW 64TH AVE
CITY-ST-ZIP TAMARAC FL

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

TITLE TD ☒ Delete
NAME GROSS, HAROLD
STREET ADDRESS 5801 NW 62ND AVE
CITY-ST-ZIP TAMARAC FL

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: Jack Levitt President 4/19/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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

04-27-2000 90040 008 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1514279
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required