

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90085 004 ****61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1514279	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC 4450 WEST SUNRISE BLVD SUITE C-100 PLANTATION FL 33319	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 <input type="checkbox"/> Delete	NAME: LEVITT, JACK STREET ADDRESS: 5801 NW 62ND AVE CITY-ST-ZIP: TAMARAC FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	P. JACK LEVITT STREET ADDRESS: 5801 N.W. 62nd Ave CITY-ST-ZIP: TAMARAC, FL, 33319
TITLE: ADS <input checked="" type="checkbox"/> Delete	NAME: COHEN, SHIRLEY STREET ADDRESS: 5890 N.W. 64TH AVE. CITY-ST-ZIP: TAMARAC FL 33319	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: PRESTON, LIL STREET ADDRESS: 5864 NW 64TH AVE CITY-ST-ZIP: TAMARAC FL 33319	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V MORRIS COHEN STREET ADDRESS: 5801 NW 62nd Ave CITY-ST-ZIP: TAMARAC, FL, 33319
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: SHERMAN, ROSLYN STREET ADDRESS: 5860 NW 64TH AVE. CITY-ST-ZIP: TAMARAC FL	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S AL FORD STREET ADDRESS: 5801 NW 62nd Ave #312 CITY-ST-ZIP: TAMARAC, FL, 33319
TITLE: VD <input type="checkbox"/> Delete	NAME: RAELSON, GERT STREET ADDRESS: 5890 NW 64TH AVE CITY-ST-ZIP: TAMARAC FL	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T GERT RAEALSON STREET ADDRESS: 5890 NW 64th Ave. CITY-ST-ZIP: TAMARAC, FL, 33319
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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* **REQUIRED Jack LEVITT** 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)