

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90039 017 \*\*\*\*61.25

**DOCUMENT # 728015**

1. Entity Name

**THE OLYMPUS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**500 THREE ISLANDS BLVD.  
 HALLANDALE FL 33009**

**500 THREE ISLANDS BLVD.  
 HALLANDALE FL 33009-2887**

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

**59-1497116**

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

**SKRLD, INC.  
 ATTN: LISA LERNER  
 201 ALHAMRA CIRCLE, SUITE 1102  
 CORAL GABLES FL 33134**

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 **D**  Delete  
 NAME **ABRAMS, PATRICIA**  
 STREET ADDRESS **500 3 ISLAND BLVD**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SUPERFINE, EARL**  
 STREET ADDRESS **500-3 ISLAND BLVD**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HOROWITZ, LEO**  
 STREET ADDRESS **600 3 ISLANDS BLVD**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SCHERLINE, STUART**  
 STREET ADDRESS **2500 PARKVIEW DR**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **GILLMAN, ELAINE**  
 STREET ADDRESS **2500 PARKVIEW DR**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME **SUKOFF, PEGGY**  
 STREET ADDRESS **500 THREE ISLANDS BLVD.**  
 CITY-ST-ZIP **HALLANDALE, FL**

TITLE **T**  Delete  
 NAME **LEON, LEE**  
 STREET ADDRESS **600-3 ISLANDS BLVD**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME **D-T NORMA SILVERMAN**  
 STREET ADDRESS **600 THREE ISLANDS BLVD.**  
 CITY-ST-ZIP **HALLANDALE, FL.**

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

**3-3-2000 (954) 456-8886**

Date

Daytime Phone #

CR2E037 (9/99)