

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90043 011 \*\*\*\*61.25

<b>DOCUMENT # 735756</b>					
1. Entity Name <b>BERMUDA CLUB MANAGEMENT COUNCIL, INC.</b>					
Principal Place of Business <b>6299 N.W. 57TH STREET TAMARAC FL 33319</b>			Mailing Address <b>6299 N.W. 57TH STREET TAMARAC FL 33319-2305</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1666999</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>CASTLE PROPERTY SERVICES GROUP</del> <b>4450 WEST SUNRISE BLVD SUITE C-100 PLANTATION FL 33313</b>			7. Name and Address of New Registered Agent Name <b>Castle Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Gail H. Sangunett</i> <b>Gail H. Sangunett, Vice President - Administration</b> <b>4/20/00</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>CORBIN, SID</b>	NAME	<b>MORRIS STRAMPEL</b>		
STREET ADDRESS	<b>5750 NW 64TH AVE</b>	STREET ADDRESS	<b>5851 NW 62 AVE</b>		
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	CITY-ST-ZIP	<b>TAMARAC FL 33319</b>		
TITLE	<b>ATD</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>HUBER, JACK B</b>	NAME			
STREET ADDRESS	<b>5860 NW 64TH AVE.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL</b>	CITY-ST-ZIP			
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>BLAU, MILTON</b>	NAME			
STREET ADDRESS	<b>6150 NW 62 ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	CITY-ST-ZIP			
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>WINOKUR, HERBERT</b>	NAME			
STREET ADDRESS	<b>6051 NW 61ST AVE.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL</b>	CITY-ST-ZIP			
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>BEKEBITSKY, FLORENCE</b>	NAME			
STREET ADDRESS	<b>6350 NW 62ND ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	CITY-ST-ZIP			
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>LIEBERMAN, FAY</b>	NAME			
STREET ADDRESS	<b>5940 NW 64 AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	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: <i>Florence Bekebitsky</i> <b>Florence Bekebitsky, President</b> <b>Apr 11, 2000</b> <b>(954) 792-6000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



DO NOT WRITE IN THIS SPACE