

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738236

1. Entity Name

BUILDING EIGHT OF RACQUET CLUB APARTMENTS AT BON

Principal Place of Business

Mailing Address

% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020

% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020-1510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1913634

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

D.C.I.
2901 SIMMS ST.
ATTN: ANDREW MAYROWITZ
HOLLYWOOD, FL 33020

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUDDLE, ROBERT DR.	
STREET ADDRESS	220 LAKEVIEW DR. #213	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NATTERMAN, ANGELA	
STREET ADDRESS	220 LAKEVIEW DR #312	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOHNE, ROBERT	
STREET ADDRESS	220 LAKEVIEW DR. #309	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUDDLE, ELLEN	
STREET ADDRESS	220 LAKEVIEW DR #213	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOLINSKI, SUSAN	
STREET ADDRESS	220 LAKEVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDDLE, ELLEN	
STREET ADDRESS	220 LAKEVIEW DRIVE #213	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARONI, ANNE	
STREET ADDRESS	2117 BROWN STREET	
CITY-ST-ZIP	BROOKLYN, NY 11229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Huddle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90092 006 ****61.25



DO NOT WRITE IN THIS SPACE