

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90009 037 \*\*\*\*61.25

0035977

**DOCUMENT # 738455**

1. Entity Name

**HOLIDAY SPRINGS VILLAGE RECREATION CORPORATION.**

Principal Place of Business

Mailing Address

3131 HOLIDAY SPRINGS BLVD.  
 MARGATE FL 33063

3131 HOLIDAY SPRINGS BLVD.  
 MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1729972**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAPLAN, ELLEN**  
**3150 HOLIDAY SPGS. BLVD.**  
**MARGATE FL 33063**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KAPLAN, ELLEN	3150 HOLIDAY SPRGS BLVD	MARGATE FL	<input type="checkbox"/>
SD	ROSENBERG, SAMUEL	3100 HOLIDAY SPRGS BLVD	MARGATE FL	<input checked="" type="checkbox"/>
VP	LEVINE, MAURICE	3140 HOLIDAY SPRGS BLVD	MARGATE FL	<input type="checkbox"/>
TD	GROSSMAN, MICHAEL	3200 HOLIDAY SPGS BLVD	MARGATE FL	<input checked="" type="checkbox"/>
D	LAMASTRA, GEORGE	3120 HOLIDAY SPRINGS BLVD.	MARGATE FL	<input type="checkbox"/>
D	PUMILA, FRANK	3200 HOLIDAY SPRINGS BLVD.	MARGATE FL 33063	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	GEORGE LEVINE	3071 HOLIDAY SPRINGS BLVD	MARGATE, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	VITO BUCCELLA	3180 HOLIDAY SPRINGS BLVD	MARGATE, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANGELO GALASSO	3180 HOLIDAY SPRINGS BLVD	MARGATE, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 of Ellen Kaplan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)