

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756885

1. Entity Name

OLYMPUS SOCIAL CLUB, INCORPORATED

Principal Place of Business

V 500 PARKVIEW DR  
HALLANDALE FL 33009

Mailing Address

5V 500 PARKVIEW DR  
HALLANDALE FL 33009

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

59-1877215

Applied For

Not Applicable

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

NEBBIA, JOSEPH  
V 500 PARKVIEW DR  
HALLANDALE FL 33009

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  
After September 12, 2001, min. will be \$236.25

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  
NAME NEBBIE, JOSEPH  
STREET ADDRESS 2500 PARKVIEW DR.  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE T  
NAME LESSER, GERTRUDE  
STREET ADDRESS 2500 PARKVIEW DRIVE  
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE S  
NAME LEVINE, GLORIA  
STREET ADDRESS 600 3 ISLAND BLV  
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE D  
NAME MANN, RUTH  
STREET ADDRESS 600 3 ISLAND BLV  
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

Joseph Nebbia 7/1/01 954-455-0408

FILED  
Jul 31, 2001 8:00 am  
Secretary of State

07-31-2001 90228 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)