

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90128 016 ****61.25

DOCUMENT # 757782

1. Entity Name

SUNRISE LAKES MEN'S CLUB PHASE III., INC.

Principal Place of Business

Mailing Address

C/O DAVID PLASCOWE
 8881 SUNRISE LAKES BLVD.
 SUNRISE FL 33322
 US

C/O DAVID PLASCOWE
 8881 SUNRISE LAKES BLVD.
 SUNRISE FL 33322-1431
 US

A0022583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O JERRY GROVE

3. Mailing Address

C/O JERRY GROVE

Suite, Apt. #, etc.

9750 SUNRISE LAKES BLVD

Suite, Apt. #, etc.

9750 SUNRISE LAKES BLVD

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FL.

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

4. FEI Number

59-2102559

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

KAHN, HOWARD
9360 SUNRISE LAKES BLVD
BLDG 105-APT 309
SUNRISE FL 33322

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, GERALD	
STREET ADDRESS	2780 PINE ISLAND ROAD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	FVPD	<input checked="" type="checkbox"/> Delete
NAME	PLOTKIN, LOU	
STREET ADDRESS	9461 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, NORMON	
STREET ADDRESS	9461 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAHN, HOWARD	
STREET ADDRESS	9360 SUNRISE LAKES BLVD,	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOTKIN, LOU	
STREET ADDRESS	9461 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	FVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELKORN, MORRIS	
STREET ADDRESS	2751 PINE ISLAND RD.	
CITY-ST-ZIP	SUNRISE, FL. 33322	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00 (954) 742-9231

Date Daytime Phone #

CR2E037 (9/99)