

## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N03207

1. Entity Name

WOODMONT COUNTRY CLUB, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90002 021 \*\*\*\*61.25

Principal Place of Business

7801 NW 80TH AVENUE  
TAMARAC FL 33321

Mailing Address

7801 NW 80TH AVENUE  
TAMARAC FL 33321-2101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2452076

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLOANE, JERRY  
7801 NW 80TH AVENUE  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name Richard Ehrlich

Street Address (P.O. Box Number is Not Acceptable)  
7801 N.W. 80th Avenue

City Tamarac

FL

Zip Code  
33321

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 Richard Ehrlich, President *Richard Ehrlich* 2-10-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME          | STREET ADDRESS        | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|---------------|-----------------------|------------------|--------------------------------------------|
| PD    | SLOANE, JERRY | 7699 N.W. 79TH AVENUE | TAMARAC FL 33321 | <input checked="" type="checkbox"/>        |

| TITLE | NAME             | STREET ADDRESS   | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|------------------|------------------|------------------|---------------------------------|
| VPD   | ROTHMAN, CHARLES | 7626 NW 87TH AVE | TAMARAC FL 33321 | <input type="checkbox"/>        |

| TITLE | NAME         | STREET ADDRESS       | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|--------------|----------------------|------------------|--------------------------------------------|
| TD    | HARRIS, PAUL | 7304 CORKWOOD CIRCLE | TAMARAC FL 33321 | <input checked="" type="checkbox"/>        |

| TITLE | NAME               | STREET ADDRESS      | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|--------------------|---------------------|------------------|--------------------------------------------|
| SD    | GREENBAUM, CHARLES | 8200 WATERFORD LANE | TAMARAC FL 33321 | <input checked="" type="checkbox"/>        |

| TITLE | NAME           | STREET ADDRESS        | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|----------------|-----------------------|------------------|---------------------------------|
| D     | BIRKEN, IRVING | 8502 N.W. 82ND STREET | TAMARAC FL 33321 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME            | STREET ADDRESS        | CITY-ST-ZIP       | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------|-----------------------|-------------------|---------------------------------|----------------------------------------------|
| PD    | Richard Ehrlich | 7634 N.W. 87th Avenue | Tamarac, FL 33321 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME          | STREET ADDRESS      | CITY-ST-ZIP       | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|---------------|---------------------|-------------------|---------------------------------|----------------------------------------------|
| TD    | Arnold Wiener | 7904 Hibiscus Court | Tamarac, FL 33321 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |

| TITLE | NAME       | STREET ADDRESS    | CITY-ST-ZIP       | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------------|-------------------|-------------------|---------------------------------|----------------------------------------------|
| D     | Mort Rubin | 7214 Woodmont Way | Tamarac, FL 33321 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |

| TITLE | NAME          | STREET ADDRESS        | CITY-ST-ZIP       | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------|-----------------------|-------------------|--------------------------------------------|-----------------------------------|
| SD    | Irving Birken | 8502 N.W. 82nd Street | Tamarac, FL 33321 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)