

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90002 037 ****61.25

DOCUMENT # N32204

1. Entity Name

SEPHARDIC-AMERICAN CLUB OF FLORIDA, INC.

Principal Place of Business

%IRVING YOUNG, DIRECTOR
6950 NORTHWEST 10TH PLACE
MARGATE FL 33063

Mailing Address

%IRVING YOUNG, DIRECTOR
6950 NORTHWEST 10TH PLACE
MARGATE FL 33063

549264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0088014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SROKA, LOUIS S.
% SACHS & SAX, P.A.
ABERN FINANCIAL CTR.#4150, 301 YAMATO RD.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 **SD** ☐ Delete
NAME **RACHNOWITZ, NACK**
STREET ADDRESS **1010 COUNTY CLUB DR**
CITY-ST-ZIP **MARGATE FL**

TITLE **PD** ☐ Delete
NAME **SHALOM, LOUISE**
STREET ADDRESS **4332 NW 54TH ST**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **VPD** ☐ Delete
NAME **BURLISON, TRISE**
STREET ADDRESS **7265 ASHMONT CIR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **T** ☐ Delete
NAME **FETERMAN, MORRIS J**
STREET ADDRESS **4088 CARRPANELLI DR**
CITY-ST-ZIP **DELRAY BEACH FL 33481**

TITLE **D** ☐ Delete
NAME **VENEZIA, MORRIS**
STREET ADDRESS **6950 NW 10TH CT**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Handwritten Signature]

CR2E037 (10/00)