

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003459

1. Entity Name

MOSAIC OUTDOOR CLUB OF SOUTH FLORIDA, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90044 015 ****61.25

Principal Place of Business

P.O. BOX 810362
 BOCA RATON FL 33481-0362

Mailing Address

P.O. BOX 810362
 BOCA RATON FL 33481-0362

RUU1J600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0441690

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

DRONSKY, RICK
 262 SOUTH COCONUT LANE
 MIAMI FL 33139

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME FREEDMAN, ROBERTA
 STREET ADDRESS 6032 NW 73RD CT
 CITY-ST-ZIP PARKLAND FL 33067

TITLE P/D ☐ Change ☒ Addition #304
 NAME Karen Grossman
 STREET ADDRESS 9420 S. Hollybrook Lake Dr.
 CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE VPD ☒ Delete
 NAME VOLPE, GEORGE
 STREET ADDRESS 20230 NE 3RD CT #1
 CITY-ST-ZIP MIAMI FL 33179

TITLE V/D ☐ Change ☒ Addition
 NAME Craig Rosenberg
 STREET ADDRESS 2860 SW 75th Way #2305
 CITY-ST-ZIP Davie, FL 33314

TITLE SD ☒ Delete
 NAME ROSEN, WENDI
 STREET ADDRESS 1 NELST STREET, #700
 CITY-ST-ZIP MIAMI FL 33132

TITLE S/D ☐ Change ☒ Addition
 NAME Linda Lee Grant
 STREET ADDRESS 499 NW 70 Ave #301A
 CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition
 NAME Beth Pomerantz-Herzbrun
 STREET ADDRESS 8620 NW 17 Court
 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Linda Lee Grant* Linda Lee Grant 8/7/00 (954)327-6034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)