

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

05-14-2002 90328 025 ****61.25

41031



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000003459

1. Entity Name

MOSAIC OUTDOOR CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 FREEDMAN, ROBERTA
 6032 N W 73RD CT
 PARKLAND FL 33067 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President Director ☒ Change ☐ Addition
 Doug Forman
 3696 Inverrary Dr. Apt. 20
 Lauderhill FL 33319

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 SCHLEYER, MARK
 901 S PARK RD # 205
 HOLLYWOOD FL 33021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Secretary Director ☒ Change ☐ Addition
 Robert Blum
 5881 Town Bay Dr. Apt 9-35
 Boca Raton FL 33486

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 POMERANTZ-HERZBURN, BETH
 8620 NW 17 COURT
 PEMBROKE PINES FL 33024 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Treasurer Director ☒ Change ☐ Addition
 Richard Chisik
 2717 Segovia St.
 Coral Gables, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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:

Robert Blum **ROBERT BLUM**

8/1/02

561-477-4042

CR2E037 (4/02)

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5/14/2002-90328-025-\$61.25-\$61.25

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282 SOUTH COCONUT LANE
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Name

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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

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(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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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
NAME FREEDMAN, ROBERTA
STREET ADDRESS 6032 N W 73RD CT
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE President
NAME Doug Forman
STREET ADDRESS 3680 Inverrary Dr. Apt 20
CITY-ST-ZIP Lauderdale Hill, FL 33319 ☒ Change ☐ Addition

TITLE SD
NAME SCHLEYER, MARK
STREET ADDRESS 901 S PARK RD # 205
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE Secretary
NAME Robert Blum
STREET ADDRESS 5881 Town Bay Drive Apt. 935
CITY-ST-ZIP Boca Raton FL 33486 ☒ Change ☐ Addition

TITLE TD
NAME POMERANTZ-HERZBURN, BETH
STREET ADDRESS 8820 NW 17 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE Treasurer
NAME Melissa Ellenby
STREET ADDRESS 1111 Biscayne 1651
CITY-ST-ZIP North Miami, FL 33181 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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SIGNATURE:

Robert Blum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
Date

561-417-4042
Daytime Phone #

CR2E037 (9/01)