

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002929

1. Entity Name

KINGS POINT/TAMARAC CHAPTER #5054 OF AMERICAN AS

Principal Place of Business

9561 NO. BELFORT CIRCLE  
TAMARAC FL 33321

Kings Point

Mailing Address

7440 ASH MONT CIR.  
9561 NO. BELFORT CIRCLE  
TAMARAC FL 33321-1879

C/O LEO KLEIMAN

2. Principal Place of Business

KINGS POINT

Suite, Apt. #, etc.

3. Mailing Address

7440 ASH MONT CIR.

Suite, Apt. #, etc.

City & State

TAMARAC FL.

City & State

TAMARAC FL.

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1882783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKMAN, NAT  
9561 NO. BELFORT CIRCLE  
TAMARAC FL 33321

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

+ NAT BECKMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/2000

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 type="checkbox"/> Delete
NAME	BECKMAN, NAT	
STREET ADDRESS	9561 NO. BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLANCHARD, DAVE	
STREET ADDRESS	9587 WELDON CIR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECKMAN, HELEN	
STREET ADDRESS	9561 N BELFORT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KLEIMAN, LEO	
STREET ADDRESS	7440 ASH MONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MURIEL	
STREET ADDRESS	10536 E CLAIRMONT RD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMSON, HAROLD	
STREET ADDRESS	7484 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1ST V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLLEY-BURTON	
STREET ADDRESS	7632 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, MILDRED	
STREET ADDRESS	7484 TRENT DR.	
CITY-ST-ZIP	TAMARAC, FL. 33321	
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:

Leo Kleiman REQUIER KLEIMAN, TREAS.

Date

Daytime Phone #

CR2E037 (9/99)