

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90019 043 \*\*\*\*61.25

**DOCUMENT # N97000002912**

1. Entity Name

**PINE ISLAND RIDGE DEMOCRATIC CLUB, INC.**

Principal Place of Business

Mailing Address

%MARVIN SIMON  
 2120 SW 92ND TERR 32903  
 FORT LAUDERDALE FL 33324  
 US

%MARVIN SIMON  
 2120 SW 92ND TERR 32903  
 FORT LAUDERDALE FL 33324  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0132679**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIMON, MARVIN  
 2120 SW 92ND TERR  
 STE 2903  
 FT LAUDERDALE FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
 NAME **SIMON, MARVIN**  
 STREET ADDRESS **2120 S.W. 92ND TERRACE, SUITE 2903**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

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

TITLE **1VD** ☐ Delete  
 NAME **HERSKOVITS, JERRY**  
 STREET ADDRESS **1703 WHITEHALL DRIVE, #402**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

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

TITLE **ESD** ☐ Delete  
 NAME **FASCIANI, VITALE**  
 STREET ADDRESS **9850 N. OAK KNOLL CIRCLE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

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

TITLE **DT** ☐ Delete  
 NAME **LEWIS, SYLVIA**  
 STREET ADDRESS **1709 WHITEHALL DR**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

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

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRESIDENT**

**MARVIN SIMON**

**13/13/01**

**954-473-1692**

CR2E037 (10/00)

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STE 2903  
FT LAUDERDALE FL 33324

AGENT'S COPY

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City

FL

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CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	HERSKOVITS, JERRY	
STREET ADDRESS	1703 WHITEHALL DRIVE, #402	
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CITY - ST - ZIP	FORT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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CITY - ST - ZIP	

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SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN SIMON ✓

Date

Day, Month, Year

954-473-1692

Attachment #  
N97000002912

515708

DO NOT WRITE IN THIS SPACE

0046120

CR2E037 (10/00)

**U.S. Income Tax Return  
for Certain Political Organizations**

OMB No. 1545-0129

**2000**

For calendar year 2000 or other tax year beginning , 2000, and ending , 20

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3) ☐

Please print or type	Name of organization <b>PINE ISLAND RIDGE DEMOCRATIC CLUB INC</b>	Employer identification number <b>65-0132679</b>
	Number, street, and room or suite no. (If a P.O. box, see page 4 of instructions.) <b>4 MARVIN SIMON, 2120 SW 92<sup>ND</sup> TERRACE</b>	Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here. <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2.) <input type="checkbox"/>
	City or town, state, and ZIP code <b>FT LAUDERDALE FL 33324</b>	

Check if: (1) ☐ Final return (2) ☐ Change of address (3) ☐ Amended return

Income	1	Dividends (attach schedule)	1	
	2	Interest	2	44
	3	Gross rents	3	
	4	Gross royalties	4	
	5	Capital gain net income (attach Schedule D (Form 1120)).	5	
	6	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	
	7	Other income and nonexempt function expenditures (see instructions)	7	
	8	<b>Total income.</b> Add lines 1 through 7.	8	44
Deductions	9	Salaries and wages	9	
	10	Repairs and maintenance	10	
	11	Rents	11	
	12	Taxes and licenses	12	
	13	Interest	13	
	14	Depreciation (attach Form 4562)	14	
	15	Other deductions (attach schedule)	15	
	16	<b>Total deductions.</b> Add lines 9 through 15.	16	
	17	Taxable income before specific deduction of \$100 (see instructions.) Section 501(c) organizations show:		
	a	Amount of net investment income	17c	44
b	Aggregate amount expended for an exempt function (attach schedule)	18	100	
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18		
Tax	19	<b>Taxable income.</b> Subtract line 18 from line 17c (If line 19 is zero or less, see instructions.)	19	NONE
	20	<b>Income tax</b> (see instructions)	20	
	21	<b>Tax credits</b> (Attach the applicable credit forms.) (see instructions)	21	
	22	<b>Total tax.</b> Subtract line 21 from line 20.	22	NONE
	23	Payments: a Tax deposited with Form 7004	23a	
	b	Credit for tax paid on undistributed capital gains (attach Form 2439)	23b	
	c	Credit for Federal tax on fuels (attach Form 4136)	23c	
	d	<b>Total.</b> Add lines 23a through 23c	23d	
	24	<b>Tax due.</b> Subtract line 23d from line 22. See instructions on page 3 for depository method of payment	24	NONE
	25	<b>Overpayment.</b> Subtract line 22 from line 23d	25	

Additional Information	1	At any time during the 2000 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name of the foreign country	
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," the organization may have to file Form 3520.	
	3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$
	4	Date organization formed	5-21-92
	5a	The books are in care of	MARVIN SIMON
	b	Enter name of candidate	PROSLOGENT
	c	The books are located at	ABOVE
	d	Telephone No.	954-473-1692

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: **Marvin Simon** Date: **3/13/01** Title: **PROSLOGENT**

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-empl address, and ZIP)	Seymour Kaplan, CPA 2101 Marina Isle Way #505 Jupiter, FL 33477-9447	3/1/01	053-18-1434
		EIN	13	3048168
		Phone no.	(561) 625-6343	