

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90094 050 \*\*\*150.00

0622596

**DOCUMENT # P97000006240**

1. Entity Name  
**CAMELOT DEVELOPERS, INC.**

Principal Place of Business  
**14334 STROLLER WAY**  
**WELLINGTON FL 33414**

Mailing Address  
**14334 STROLLER WAY**  
**WELLINGTON FL 33414**

**00030251**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3703 TOUCH OF CLASS CT.**

3. Mailing Address  
**3703 TOUCH OF CLASS CT.**

City & State  
**WELLINGTON, FL**

City & State  
**WELLINGTON, FL**

4. FEI Number **65-0725366**

Applied For  
 Not Applicable

Zip  
**33414**

Country  
**PALM BEACH**

Zip  
**33414**

Country  
**PALM BEACH**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**WOLOFSKY, DAVID**  
**14334 STROLLER WAY**  
**WELLINGTON FL 33009**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3703 TOUCH OF CLASS CT.**  
 City  
**WELLINGTON** **FL** **33414**

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 **DAVID N WOLOFSKY**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/28/01**  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
**PS** ☐ Delete  
 NAME  
**ZUCKER, ALLAN**  
 STREET ADDRESS  
~~**14334 STROLLER WAY**~~  
 CITY-ST-ZIP  
**WELLINGTON FL 33414**

TITLE  
**VPT** ☐ Delete  
 NAME  
**WOLOFSKY, DAVID**  
 STREET ADDRESS  
~~**14334 STROLLER WAY**~~  
 CITY-ST-ZIP  
**WELLINGTON FL 33414**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**3703 TOUCH OF CLASS CT.**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**3703 TOUCH OF CLASS CT.**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **DAVID N WOLOFSKY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01** **(561) 793-5548**  
 Date Daytime Phone #

CR2E034 (10/00)