

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052101

1. Entity Name

CENTRAL FLORIDA RESORT SERVICES, INC.

Principal Place of Business

15342 SOUTHWEST 17TH STREET
DAVIE FL 33326

Mailing Address

15342 SOUTHWEST 17TH STREET
DAVIE FL 33326-2046

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

65-0937725

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

ROBBINS, CHARLES D ESQ
2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President & Secretary ☐ Delete
NAME Richard A. Davenport
STREET ADDRESS 16335 Mariposa Circle No.
CITY-ST-ZIP Pembroke Pines, FL 33331

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

TITLE President ☐ Delete
NAME Amnon Golan
STREET ADDRESS 3620 North 53 Avenue
CITY-ST-ZIP Hollywood, FL 33021

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

TITLE Vice President ☐ Delete
NAME J. Steven Davenport
STREET ADDRESS 1806 S SW 82 Avenue
CITY-ST-ZIP Miami, FL 33157

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

TITLE Vice President ☐ Delete
NAME Itzik Kleider
STREET ADDRESS 42 Aliyat-Hanoar St
CITY-ST-ZIP Tel-Aviv, Israel 67450

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

TITLE Chairman of the Board of Directors ☐ Delete
NAME Stanley Finkelstein
STREET ADDRESS 42 Aliyat-Hanoar St
CITY-ST-ZIP Tel-Aviv, Israel 67450

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

954-382-0020

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90414 041 ***158.75

948981



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)