

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90079 049 \*\*\*150.00

**DOCUMENT # 561744**

1. Entity Name

**GROVE ISLE CLUB, INC.**

Principal Place of Business

Mailing Address

FOUR GROVE ISLE DR  
 COCONUT GROVE FL 33133

2701 S BAYSHORE DR  
 PENTHOUSE  
 COCONUT GROVE FL 33133-5309  
 US

2. Principal Place of Business

3. Mailing Address

1870 SOUTH BAYSHORE DRIVE  
 COCONUT GROVE, FL 33133-5309  
 US

1870 SOUTH BAYSHORE DRIVE  
 COCONUT GROVE, FL 33133-5309  
 US



DO NOT WRITE IN THIS SPACE

FEI Number **59-1907194** Applied For  
 Not Applicable

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

ROTHSTEIN, LAWRENCE I  
 2701 S BAYSHORE DR  
 PENTHOUSE  
 COCONUT GROVE FL 33133

ROTHSTEIN, LAWRENCE I.  
 1870 SOUTH BAYSHORE DRIVE  
 COCONUT GROVE, FL 33133

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.

*LAWRENCE ROTHSTEIN*  
 (NOTE: Registered Agent signature required when reinstating)

*4/14/00*  
 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	CD	<input type="checkbox"/> Delete
NAME	WEINER, MAURICE	
STREET ADDRESS	2701 SO. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	ROTHSTEIN, LAWRENCE	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, MAURICE	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE I.	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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  
 Date: *4/14/00* Daytime Phone #: *(305) 854-6803*