

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 033 ****61.25

DOCUMENT # 711413

1. Entity Name

RIVIERA COUNTRY CLUB OF CORAL GABLES, FLORIDA

Principal Place of Business

Mailing Address

1155 BLUE ROAD
 CORAL GABLES FL 33146

1155 BLUE ROAD
 CORAL GABLES FL 33146-1112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0539247

Applied For
 Not Applied

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

WAGNER, WILLIAM M.
1155 BLUE ROAD
CORAL GABLES FL 33146

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORRIGAN, GEORGE M JR. 1155 BLUE RD CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUSTAMANTE, GABRIEL 1155 BLUE RD CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, STEWART P. 1155 BLUE RD CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHELER, WILLARD L 1155 BLUE RD CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL W. BATTLE 1155 BLUE ROAD CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENRY BURWETT 1155 BLUE ROAD CORAL GABLES, FL 33146	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN H. DICKSON 1155 BLUE ROAD CORAL GABLES, FL 33146	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY W. GARDNER 1155 BLUE ROAD CORAL GABLES, FL 33146	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS J. HERALD 1155 BLUE ROAD CORAL GABLES, FL 33146	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERILL W. HUDSON 1155 BLUE ROAD CORAL GABLES, FL 33146	<input type="checkbox"/> Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BATTLE **SIGNATURE REQUIRED** PRESIDENT 1/26/2000 305 661 533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #