

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718843

1. Entity Name

GABLES ESTATES CLUB, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90138 021 ****61.25

Principal Place of Business

Mailing Address

P O BOX 393
 SOUTH MIAMI FL 33243

P O BOX 393
 SOUTH MIAMI FL 33243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6159364

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

RICHARDSIN, KATHLEEN
 16241 SW 282 ST
 HOMESTEAD FL 33031

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

Kathleen Richardson
 Signature, typed or printed name of registered agent and title if applicable.

KATHLEEN RICHARDSON
 (NOTE: Registered Agent signature required when reinstating)

1/20/00
 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 V Delete
 NAME FINKLE, ARTHUR A
 STREET ADDRESS 315 CASUARINA CONCOURSE
 CITY-ST-ZIP CORAL GABLES FL

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

TITLE P Delete
 NAME WEINER, MORTON D.
 STREET ADDRESS 355 ARVIDA PKWY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME P. NEWHAUSER, RICHARD
 STREET ADDRESS ONE ARVIDA PARKWAY
 CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE S Delete
 NAME FEINSTEIN, DARIA
 STREET ADDRESS 80 CASUARINA CONCOURSE
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME S. GARRETT, RICHARD
 STREET ADDRESS 301 CASUARINA CONCOURSE
 CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE T Delete
 NAME JARP, GEORGE
 STREET ADDRESS 431 ARVIDA PARKWAY
 CITY-ST-ZIP CORAL GABLES FL

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

TITLE D Delete
 NAME MIRANDA, GUILLTERMO
 STREET ADDRESS 410 LENCADENDRA DR.
 CITY-ST-ZIP CORAL GABLES FL 53156

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

TITLE D Delete
 NAME SMITH, KEVIN
 STREET ADDRESS 570 ARVIDA PKWY
 CITY-ST-ZIP CORAL GABLES FL

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

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 REQUIRED

Arthur Finkle
 ARTHUR FINKLE V-Prs.

(305) 442-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)