

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

081913

DOCUMENT # 718843

02-05-2001 90136 040 ****61.25

1. Entity Name

GABLES ESTATES CLUB, INC.

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

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

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

(NOTE: Registered Agent signature required when reinstating)

2/02/01
 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	<input type="checkbox"/> Delete
NAME	FINKLE, ARTHUR A	
STREET ADDRESS	315 CASUARINA CONCOURSE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEUHAUSER, RICHARD	
STREET ADDRESS	ONE ARVIDA PKWY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARRETT, RICHARD	
STREET ADDRESS	301 CASUARINA CONCOURSE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARP, GEORGE	
STREET ADDRESS	431 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRANDA, GUILLTERMO	
STREET ADDRESS	410 LENCADENDRA DR.	
CITY-ST-ZIP	CORAL GABLES FL 53156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KEVIN	
STREET ADDRESS	570 ARVIDA PKWY	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	Treas.	<input checked="" 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	Vice Pres.	<input checked="" 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		

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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

2/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)