

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90791 001 \*\*\*122.50

0102524

**DOCUMENT # 718843**

1. Entity Name  
**GABLES ESTATES CLUB, INC.**



Principal Place of Business  
**P O BOX 393  
SOUTH MIAMI FL 33243**

Mailing Address  
**P O BOX 393  
SOUTH MIAMI FL 33243**

**55000955**



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kathleen Richardsin*

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

(NOTE: Registered Agent signature required when reinstating)

**1/7/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **P FINKLE, ARTHUR A**  
STREET ADDRESS **315 CASUARINA CONCOURSE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S GUERRA, RENE**  
STREET ADDRESS **650 LEUCADENDRA DRIVE**  
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T GARRETT, RICHARD**  
STREET ADDRESS **301 CASUARINA CONCOURSE**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME **D TRISH BELL**  
STREET ADDRESS **100 CASUARINA CONCOURSE**  
CITY-ST-ZIP **Coral Gables, FL 33143**

CR2E037 (10/02)

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:

*George Jarp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03 305 248 7746**