

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743765

1. Entity Name

COUNTRY CLUB OF MIAMI VILLAS S1/B3 ASSOCIATION,

Principal Place of Business

P.O. BOX 170304
MIAMI FL 33017

Mailing Address

P.O. BOX 170304
MIAMI FL 33017-0304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1748162

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

Name Michael Frissora

Street Address (P.O. Box Number is Not Acceptable)

19201 W. Lake Drive

City Miami

FL 33015

ALJURE, JUAN CARLOS
19216 E. LAKE DRIVE
MIAMI FL 33015

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

Michael Frissora

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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

TITLE	PD	☒ Delete
NAME	ALJURE, JUAN CARLOS	
STREET ADDRESS	19216 E. LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPD	☒ Delete
NAME	FRISSORA, MICHAEL	
STREET ADDRESS	19201 W. LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	☒ Delete
NAME	ZAPATA, OSCAR	
STREET ADDRESS	19111 W. LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Michael Frissora	
STREET ADDRESS	19201 W. Lake Drive	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Oscar Zapata	
STREET ADDRESS	19111 W. Lake Drive	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Carolyn Harris	
STREET ADDRESS	19115 W. Lake Drive	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Marilyn M. Hodgkins	
STREET ADDRESS	7334 Pepper Pike Drive	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Michael Frissora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Frissora

Date

Daytime Phone #

1/11/00

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90116 014 ****61.25



DO NOT WRITE IN THIS SPACE