

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 19 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Moftam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002502 (9)  
 1. Corporation Name  
 UNIVERSITY CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address  
 2900 SW 28TH TERRACE, 7TH FLOOR MIAMI FL 33133  
 2900 SW 28TH TERRACE, 7TH FLOOR MIAMI FL 33133

3. Date Incorporated or Qualified  
 05/05/1997  
 4. FEI Number  
 65-0578410 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 2801 Ponce de Leon Blvd. Suite, Apt. #, etc. 26 718 Makya Ave Suite, Apt. #, etc.  
 22 Suite 400 27  
 City & State City & State  
 23 Coral Gables, FLA 28 Coral Gables, FLA  
 Zip Country Zip Country  
 24 33134 25 USA 29 33134 30 USA

9. Name and Address of Current Registered Agent  
 ROSS, TIMOTHY W  
 2900 SW 28TH TERRACE, 7TH FLOOR  
 MIAMI FL 33133

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. Brooks Kurtz
1.3 STREET ADDRESS	718 Makya Ave
1.4 CITY-ST-ZIP	Coral Gables, FLA 33134
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dean R. Miller, Jr
2.3 STREET ADDRESS	2 Alhambra Plaza, PH2
2.4 CITY-ST-ZIP	Coral Gables, Fla 33134
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rob CLOWACKI
3.3 STREET ADDRESS	2121 Ponce de Leon Blvd # 710
3.4 CITY-ST-ZIP	Coral Gables, Fla 33134
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Gaudier
4.3 STREET ADDRESS	370 Minorca Ave
4.4 CITY-ST-ZIP	Coral Gables, Fla 33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Brooks Kurtz E. Brooks Kurtz 7/14/98 305-665-5001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)