

2000 UNIFORM BUSINESS REPORT (UBR)

0005705

DOCUMENT # N97000002502

1. Entity Name
UNIVERSITY CLUB OF SOUTH FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 2:37

Principal Place of Business Mailing Address
370 MINORCA AVENUE 2223 CORAL WAY
CORAL GABLES FL 33134 MIAMI FL 33145
US US



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0578410 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25
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 NAME STREET ADDRESS CITY-ST-ZIP	CD KURTZ, E B 718 MALAGA AVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DEAN R JR 2 ALHAMBRA PLAZA PH2 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, WILLIAM 576 S.W. 64TH PLACE MIAMI FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUTIER, WILLIAM 370 MINORA AVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003414371--8 -10/05/00--01801-003 ****236.25 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dallas Lehman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1311 Castle Avenue Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dennis MacInnes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 767 NW 124 Ave Coral Springs FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dennis MacInnes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00

Date Daytime Phone #

CP2E037 (5/00)