

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90254 042 \*\*\*\*61.25

**DOCUMENT # N97000002502**

1. Entity Name

**UNIVERSITY CLUB OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**370 MINORCA AVENUE  
CORAL GABLES FL 33134  
US**

~~2229 CORAL WAY~~ **370 Minorca Ave**  
~~MIAMI FL 33143~~ **Coral Gables, FL 33134**  
~~US~~ **45**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0578410**

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

**ROSS, TIMOTHY W  
2900 SW 28TH TERRACE, 7TH FLOOR  
MIAMI FL 33133**

Name **William Gautier Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**370 Minorca Avenue**  
City **Coral Gables** FL Zip Code **33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME **CD**  
STREET ADDRESS **KURTZ, E B**  
CITY-ST-ZIP **718 MALAGA AVE  
CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ~~**D**~~  
STREET ADDRESS ~~**MILLER, DEAN R JR**~~  
CITY-ST-ZIP ~~**2 ALHAMBRA PLAZA PH2  
CORAL GABLES FL 33134**~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **LEHMAN, DALLAS**  
CITY-ST-ZIP **1311 CASTLE AVE  
CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GAUTIER, WILLIAM**  
CITY-ST-ZIP **370 MINORA AVE  
CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MACINNES, DENNIS**  
CITY-ST-ZIP **767 NW 124 AVE  
CORAL SPRINGS FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

**W. S. MacInnes** Treasurer

**4/20/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)