2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002502

City-St-Zip:

CORAL SPRINGS, FL 33021

Entity Name: UNIVERSITY CLUB OF SOUTH FLORIDA, INC.

Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 370 MINORCA AVENUE CORAL GABLES, FL 33134 US **Current Mailing Address: New Mailing Address:** 370 MINORCA AVENUE CORAL GABLES, FL 33134 US FEI Number: 65-0578410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAUTIER, WILLIAM JR 370 MINORCA AVENUE CORAL GABLES, FL 33134 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD (X) Change () Addition () Delete KURTZ, E B GAUTIER, WILLIAM JR. Name: Name: 718 MALAGA AVE Address: 370 MINORCA AVENUE Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: Title: (X) Change () Addition () Delete Name: LEHMAN, DALLAS Name: GAUTIER, WILLIAM L SR. Address: 1311 CASTILE AVE Address: 370 MINORCA AVENUE City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: (X) Change () Addition GAUTIER, WILLIAM ANDERSON, BRETT D Name: Name: 370 MINORA AVE 370 MINORA AVE SUITE #5 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: (X) Delete Title: () Change () Addition Name: MACINNES, DENNIS Name: Address: 767 NW 124 AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRETT D. ANDERSON TD 04/29/2003