

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002502

1. Corporation Name

UNIVERSITY CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

2801 PONCE DE LEON BLVD
STE 400
CORAL GABLES FL 33134
US

Mailing Address

718 MALAGA AVE
CORAL GABLES FL 33134
US

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STATE
FLORIDA

0027760

2. Principal Place of Business

21 370 Minorca Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 2223 Coral Way
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/05/1997
4. FEI Number
65-0576410

Applied For
Not Applicable

City & State

23 Coral Gables, FL

City & State

28 Miami, FL

Zip

24 33134

Country

25 USA

Zip

29 33145

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. 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)

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

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

(NOTE: Registered Agent signature required when releasing)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

KURTZ, E B
718 MALAGA AVE
CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MILLER, DEAN R JR
2 ALHAMBRA PLAZA PH2
CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
GLOWACKI, BOB
2121 PONCE DE LEON BLVD #710
CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
GAUTIER, WILLIAM
370 MINORA AVE
CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

CD

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P

Gregory, William
5761 SW 64 Place
Miami, FL 33143

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *William Gregory* REQUIRED

1/22/99

(305) 669-8505

(305) 666-1138

Date

Daytime Phone #

CR2E037 (11/98)