

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90865 016 \*\*\*\*61.25

**DOCUMENT # N97000002502**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

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

**65-0578410**

Applied For

Not Applicable

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

**GAUTIER, WILLIAM JR  
 370 MINORCA AVENUE  
 CORAL GABLES FL 33134**

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

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	KURTZ, E B	
STREET ADDRESS	718 MALAGA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	LEHMAN, DALLAS	
STREET ADDRESS	1311 CASTILE AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	GAUTIER, WILLIAM	
STREET ADDRESS	370 MINORA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	MACINNES, DENNIS	
STREET ADDRESS	767 NW 124 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

**SIGNATURE:**

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02**  
 Date

Daytime Phone #

CR2E037 (9/01)