

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002502

FILED  
Oct 07, 2005  
Secretary of State

**Entity Name:** UNIVERSITY CLUB OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

370 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

370 MINORCA AVENUE  
SUITE #5  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

370 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

370 MINORCA AVENUE  
SUITE #5  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0578410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GAUTIER, WILLIAM JR  
370 MINORCA AVENUE  
SUITE #5  
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: WILLIAM GAUTIER, JR.

10/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAUTIER, WILLIAM JR.  
Address: 370 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: GAUTIER, WILLIAM L SR.  
Address: 370 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: ANDERSON, BRETT D  
Address: 370 MINORA AVE SUITE #5  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: BRETT D. ANDERSON

TD

10/07/2005

Electronic Signature of Signing Officer or Director

Date