

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002502

**FILED**  
**Apr 08, 2013**  
**Secretary of State**  
**CC3515617515**

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

**Current Principal Place of Business:**

370 MINORCA AVENUE  
SUITE #5  
CORAL GABLES, FL 33134

**Current Mailing Address:**

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

**FEI Number: 65-0578410**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title D  
Name GAUTIER, WILLIAM LSR.  
Address 370 MINORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

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

*I hereby 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 all other like empowered.*

**SIGNATURE: BRETT D. ANDERSON**

**TREASURER**

**04/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date