

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-11-2001 90022 028 ****70.00

DOCUMENT # 701923

Entity Name

THE COCONUT GROVE PLAYHOUSE, INC.

Principal Place of Business

Mailing Address

3500 MAIN HWY
COCONUT GROVE FL 33133
US3500 MAIN HWY
COCONUT GROVE FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6152238

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MITTELMAN, ARNOLD
3500 MAIN HWY.
COCONUT GROVE FL 33133

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPT
POST, VINCENT
255 ALHAMBRA CIRCLE BANK UNITED
CORAL GABLES FL 33134☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTC
MARGOLIS, GWEN
111 NW FIRST ST STE 220
MIAMI FL 33128☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTS
ADMIRE, JACK
2511 PONCE DELEON BLVD STE 320
CORAL GABLES FL 33143☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVC
FAIRBANKS, CHARLES R
9100 S. DADELAND BLVD -STE 1410
MIAMI FL 33156☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVice Chairperson
Alan Davis
200 S. Biscayne Blvd. Suite 4000
Miami, Florida 33131☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSecretary
William Bloom
701 Brickell Avenue - 30th Floor
Miami, Florida 33131☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 empowered.

SIGNATURE: Vincent Post, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)