FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State **DOCUMENT # 704237** 04-02-2002 90976 041 ****61.25 1. Entity Name THE COUNTRY CLUB OF CORAL GABLES Principal Place of Business Mailing Address 997 N. GREENWAY DRIVE 997 N. GREENWAY DRIVE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-0206820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NaBORNSTEIN STURRET A Street Address (P.O. Box Number is Not Acceptable) STUART N THOMSON, JOHN'M 2600 CARDENÁ STREET 1.42 ALCAZAL AVB VILLA #2 COBAL GABLES 8. The above the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent aigneture required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD (9/01) TITLE & Delete TITLE Change **Addition** NAME PHILLIPS, FRED NAME STREET ADDRESS STREET ADDRESS **CR2E037** 8140 S.W. 62ND AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE **VPD** Delete TITLE ☐ Change Addition KIRBY, JOHN M NAME NAME STREET ADDRESS STREET ADDRESS 7684 S.W. 147TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 CABLE SD Oelete ☐ Change Addition NAME ---Corbett, Dottie NAME... STREET ADORESS STREET ADDRESS 1438 TRILLO AVE CITY-ST-ZIP C!TY-ST-ZIP Coral Gables FL 33146 Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7JP Change TITLE ☐ Celete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ 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 certify 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 in changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SCHOOLS PRESENTED	VLF
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u> </u>