

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90007 034 \*\*\*\*61.25

**DOCUMENT # 710156**

1. Entity Name

**PROGRESS CLUB OF MIAMI, INC.**

Principal Place of Business

Mailing Address

**4105 PONCE DE LEON BLVD  
#203  
CORAL GABLES FL 33146  
US**

**4105 PONCE DE LEON BLVD  
#203  
CORAL GABLES FL 33146  
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

**59-1110912**

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

**ARCIA, JULIE A  
4105 PONCE DE LEON BLVD  
STE 203  
CORAL GABLES FL 33146**

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

*Julie Arcia, JULIE ARCIA, EXECUTIVE DIRECTOR*

*1/8/02*  
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 **VPD** ☐ Delete  
NAME **MCKEY, LUCILLE**  
STREET ADDRESS **4105 PONCE DE LEON BLVD, STE 203**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **PD** ☒ Change ☐ Addition  
NAME *McKey, Lucille*  
STREET ADDRESS *(same)*  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **GARCIA, CARLOS**  
STREET ADDRESS **4105 PONCE DE LEON BLVD, STE 203**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VPD** ☐ Change ☒ Addition  
NAME *Anderson, Tod*  
STREET ADDRESS *4105 Ponce de Leon Blvd Ste 203*  
CITY-ST-ZIP *Coral Gables FL 33146*

TITLE **TD** ☐ Delete  
NAME **ASHWORTH, JUDI**  
STREET ADDRESS **4105 PONCE DE LEON BLVD, STE 203**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

*Julie Arcia, JULIE ARCIA, EXECUTIVE DIRECTOR*

*1/8/02 3054496650*  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)