

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90006 048 \*\*\*\*61.25

**DOCUMENT # 714294**

1. Entity Name  
**THE TWO HUNDRED CLUB OF GREATER MIAMI, INC.**



Principal Place of Business  
**269 GIRALDA AVE  
STE 302  
CORAL GABLES, FL 33134**

Mailing Address  
**269 GIRALDA AVE  
STE 302  
CORAL GABLES, FL 33134**

**50001803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-6202755**

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

**CORAL GABLES SECRETARIAL SERVICES  
269 GIRALDA AVENUE  
SUITE 302  
MIAMI, FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **SO**  
NAME **BRUMBAUGH, JOHN M**  
STREET ADDRESS **201 SOUTH BISCAYNE BLVD, 10TH FLOOR**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ **VP**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **PD**  
NAME **REILEY-FARAGALLI, ROBIN**  
STREET ADDRESS **3000 SW 62 AVE**  
CITY-ST-ZIP **MIAMI, FL 33155**

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

TITLE ☐ **TD**  
NAME **HUMPHREY, HAROLD**  
STREET ADDRESS **P.O. BOX 561567**  
CITY-ST-ZIP **MIAMI, FL 33256**

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

TITLE ☒ **VP**  
NAME **SOTO, ALEX**  
STREET ADDRESS **9500 S DADELAND BLVD STE 200**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☒ **PD**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **VP**  
NAME **CASEY, MICHAEL W III**  
STREET ADDRESS **201 S BISCAYNE BLVD, 10TH FLOOR**  
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ **VP**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **SD**  
NAME **Huber R. Parsons, Jr**  
STREET ADDRESS **799 Brickell Plaza # 601**  
CITY-ST-ZIP **MIAMI, FL 33131**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALEX SOTO**

Date

Daytime Phone #

**1/10/2005 305/670-5339**