

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90619 023 ****61.25

DOCUMENT # 718170

1. Entity Name

THE BATH CLUB, INC.

Principal Place of Business

Mailing Address

**5937 COLLINS AVE
 MIAMI BEACH FL 33140
 US**

**5937 COLLINS AVE
 MIAMI BEACH FL 33140
 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

59-0156860

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

**HELMAN, JAMES R
 5937 COLLINS AVE
 MIAMI BEACH FL 33140**

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 **PD** ☐ Delete
 NAME **JAMES R HELMAN**
 STREET ADDRESS **5201 LA GORCE DR**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **DOUGLAS K BISCHOFF**
 STREET ADDRESS **9879 NE 13 Avenue**
 CITY-ST-ZIP **Miami Shores FL 33138**

TITLE **VD** ☐ Delete
 NAME **ALHADEFF, E R**
 STREET ADDRESS **150 W FLAGLER ST, #220**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **Director** ☐ Change ☒ Addition
 NAME **CAROLYN GILLELAND**
 STREET ADDRESS **5661 Pine Tree Drive**
 CITY-ST-ZIP **Miami Beach FL 33140**

TITLE **D** ☒ Delete
 NAME **HARRINGTON, STEPHEN**
 STREET ADDRESS **P.O. BOX 013901**
 CITY-ST-ZIP **MIAMI FL 33101**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Allen R Kelley**
 STREET ADDRESS **720 NE 101 Street**
 CITY-ST-ZIP **Miami Shores FL 33138**

TITLE **VD** ☐ Delete
 NAME **GALLAGHER, PHIL C**
 STREET ADDRESS **3050 BISCAYNE BLVD, #412**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☐ Delete
 NAME **SETLIN, HOWARD**
 STREET ADDRESS **1717 N. BAYSHORE, SUITE 3433**
 CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **D** ☐ Delete
 NAME **THOMPSON, JANE S**
 STREET ADDRESS **71 LA GORCE CIRCLE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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: *[Signature]*

ORIGINAL REQUIRED

04/23/02

305.866.1621

CR2E037 (9/01)