

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
 08-31-2000 90004 049 ****61.25

DOCUMENT # 719009 (3)
 1. Entity Name
GREATER MIAMI SHELL CLUB INC.

Principal Place of Business Mailing Address
2193 N.E. 122 STREET **2193 N.E. 122 STREET**
NORTH MIAMI FLA **NORTH MIAMI FLA**
33181 **33181**

2. Principal Place of Business 3. Mailing Address
2193 N.E. 122 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NORTH MIAMI FLA
 Zip Zip Country Country
33181 **DADE**

4. FEI Number Applied For
23-7128367 Not Applicable
 5. Certificate of Status Desired. ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARGIE PHILLIPS
2193 N.E. 122 STREET
NORTH MIAMI FLA.
33181

7. Name and Address of New Registered Agent
 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

TITLE	PRES.	<input type="checkbox"/> Delete
NAME	BRUNNER A.	
STREET ADDRESS	160 N.W. 126 ST	
CITY-ST-ZIP	N. MIAMI, FLA 33168	
TITLE	VICE PRES	<input type="checkbox"/> Delete
NAME	PHILLIPS STANLEY	
STREET ADDRESS	1955 FOX RD	
CITY-ST-ZIP	N. MIAMI, FLA 33181	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	PHILLIPS MARGIE	
STREET ADDRESS	2193 N.E. 122 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	DIR.	<input type="checkbox"/> Delete
NAME	SEME KAREN	
STREET ADDRESS	2189 N.E. 122 STREET	
CITY-ST-ZIP	N. MIAMI FLA 33181	
TITLE	DIR.	<input type="checkbox"/> Delete
NAME	PHILLIPS BARBARA	
STREET ADDRESS	1955 FOX RD	
CITY-ST-ZIP	N. MIAMI, FLA 33181	
TITLE	DIR.	<input type="checkbox"/> Delete
NAME	BRUNNER CAROL	
STREET ADDRESS	160 N.W. 126 ST.	
CITY-ST-ZIP	N. MIAMI, FLA 33168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Margie Phillips** 8-26-2000 305-891-3455

CR2E037 (9/99)