

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90779 024 ****61.25

0027487

DOCUMENT # 719009

1. Entity Name

GREATER MIAMI SHELL CLUB, INC.

Principal Place of Business

Mailing Address

2193 N 122 STREET
 NORTH MIAMI FL 33181

2193 N 122 STREET
 NORTH MIAMI FL 33181
 US

2. Principal Place of Business

3. Mailing Address

1955 IXORA RD

440 S.E. 6 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI FL

City & State

Pompano Beach FL

4. FEI Number

23-7128367

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

PHILLIPS, MARGIE
 2193 NE 122 STREET
 N MIAMI FL 33181

Name

MARGIE PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)

440 S.E. 6 Terr.

City

Pompano Beach

FL

Zip Code

33061

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	P	<input type="checkbox"/> Delete
NAME	BRUNNER, AR	
STREET ADDRESS	160 NW 126TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANLEY PHILLIPS	
STREET ADDRESS	1955 IXORA RD	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARGIE	
STREET ADDRESS	2193 NE 122 CT	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUNNER, CAROL	
STREET ADDRESS	160 NW 126 ST	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, BARBARA	
STREET ADDRESS	1955 IXORA RD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUCHA, FAY	
STREET ADDRESS	3621 SW 126 AVE	
CITY-ST-ZIP	MIAMI FL 33175	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS MARGIE	
STREET ADDRESS	440 S.E. 6 Terr.	
CITY-ST-ZIP	Pompano Beach FL 33061	
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

4-3-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)