

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90009 030 \*\*\*\*61.25

**DOCUMENT # 726825**

1. Entity Name

**COUNTRY CLUB OF MIAMI FAIRWAY VILLAS S3/B1 ASSOC, INC**

Principal Place of Business

Mailing Address

DEVELOPMENT CONSULTANTS INC.  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020  
 US

C/O D.C.I.  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020-1510  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1670562**

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

BECKER, POLIAKOFF & STREIFELD, P.A.  
 BLUE LAGOON CORPORATE CENTER SUITE #250  
 6161 BLUE LAGOON DR.  
 MIAMI FL 33126

Name

MISS **5034**

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

MONTH **Jun**

City

OK 21 - **June**  
 ANN. PAID **6F12** 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.

CHECK # **1112**

AYDATE **06-01-00**

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 **TOBIN, RICHARD L**  
 STREET ADDRESS **7354 OAKLAND HILLS DR**  
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **VPD**  Change  Addition  
 NAME **BETTE ONOPRIENKO**  
 STREET ADDRESS **19200 West Lake Drive**  
 CITY-ST-ZIP **Miami, FL 33015**

TITLE **TD**  Delete  
 NAME **LEONARDI, JOAN**  
 STREET ADDRESS **7356 OAKLAND HILLS DR**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE **SD**  Change  Addition  
 NAME **BESSIE D. DUPONT**  
 STREET ADDRESS **19021 East Lake Drive**  
 CITY-ST-ZIP **Miami, FL 33015**

TITLE **VD**  Delete  
 NAME **TOBIN, RICHARD L**  
 STREET ADDRESS **7354 OAKLAND HILLS DR.**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE **TD**  Change  Addition  
 NAME **LINDA MCNULTY**  
 STREET ADDRESS **19120 West Lake Drive**  
 CITY-ST-ZIP **Miami, FL 33015**

TITLE **SD**  Delete  
 NAME **FRIEDMAN, CAREN**  
 STREET ADDRESS **18812 W. LAKE DR.**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE **D**  Change  Addition  
 NAME **JAMES PETTIS**  
 STREET ADDRESS **18900 West Lake Drive**  
 CITY-ST-ZIP **Miami, FL 33015**

TITLE **VD**  Delete  
 NAME **ANDERSON, FRANK**  
 STREET ADDRESS **18817 OAKLAND HILLS**  
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **D**  Change  Addition  
 NAME **STILLMAN BELL**  
 STREET ADDRESS **19205 East Lake Drive**  
 CITY-ST-ZIP **Miami, FL 33015**

TITLE **D**  Addition  
 NAME **GLEN WHITMAN**  
 STREET ADDRESS **19012 West Lake Dr**  
 CITY-ST-ZIP **Miami, FL 33015**

TITLE **D**  Addition  
 NAME **PATRICIA Bloodworth**  
 STREET ADDRESS **18817 Oakland Hills Dr.**  
 CITY-ST-ZIP **Miami, FL 33015**

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: **X Richard L. Tobin** **RECEIVED** **05/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/01