

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90157 045 \*\*\*\*61.25

**DOCUMENT # 729203**

1. Entity Name

**THE SURF CLUB**



Principal Place of Business

Mailing Address

9011 COLLINS AVENUE  
 SURFSIDE FL 33154-3220

9011 COLLINS AVENUE  
 SURFSIDE FL 33154-3220

61-773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0471110**

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

**KLINE, CHARLES C**  
**SOUTHEAST FINANCIAL CENTER**  
**200 S. BISCAYNE BLVD. 50 FLOOR**  
**MIAMI FL 33131**

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 NAME	TD ZANGER, ALBERT F (D)	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9133 COLLINS AVE. #2C SURFSIDE FL 33154	
TITLE NAME	SD MAYER, ROBERT M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4141 BONITA AVE. COCONUT GROVE FL	
TITLE NAME	COB CAMERON, KENNETH W (D)	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8500 BYRON AVE. SURFSIDE FL 33154	
TITLE NAME	VC CROMARTY, JAMES A (D)	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10205 COLLINS AVE #1407 MIAMI FL 33154	
TITLE NAME	VD JAMES C. COLROSS (D)	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4300 TOLEDO ST. CORAL GABLES FL 33146	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Secretary George Elias, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7250 Monaco Street Coral Gables, FL 33143	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)