

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90124 008 \*\*\*\*61.25

**DOCUMENT # 729203**

1. Entity Name  
**THE SURF CLUB**



Principal Place of Business  
**9011 COLLINS AVENUE  
SURFSIDE FL 33154-3220**

Mailing Address  
**9011 COLLINS AVENUE  
SURFSIDE FL 33154-3220**

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 **59-0471110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TDO** ☒ Delete  
NAME **ZANGER, ALBERT F**  
STREET ADDRESS **9133 COLLINS AVE. #2C**  
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **TREASURER (D)** ☐ Change ☒ Addition  
NAME **RICHARD E. GILBERT**  
STREET ADDRESS **ARLEN HOUSE #1816, 100 BAYVIEW DRIVE**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **SD** ☐ Delete  
NAME **ELIAS, GEORGE**  
STREET ADDRESS **7250 MONACO STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

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

TITLE **COBD** ☒ Delete  
NAME **CAMERON, KENNETH W**  
STREET ADDRESS **8500 BYRON AVE.**  
CITY-ST-ZIP **SURFSIDE FL 33154**

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

TITLE **VCD** ☐ Delete  
NAME **CROMARTY, JAMES A**  
STREET ADDRESS **10205 COLLINS AVE #1407**  
CITY-ST-ZIP **MIAMI FL 33154**

TITLE **PRESIDENT (D)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9133 COLLINS AVE APT 4H**  
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **VDD** ☐ Delete  
NAME **JAMES C. COLROSS**  
STREET ADDRESS **4300 TOLEDO ST.**  
CITY-ST-ZIP **CORAL GABLES FL 33148**

TITLE **CHAIRMAN OF THE BOARD (D)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE CHAIRMAN OF THE BOARD** ☐ Change ☒ Addition  
NAME **DR MODESTO A. MORA (D)**  
STREET ADDRESS **2695 LE JEUNE ROAD**  
CITY-ST-ZIP **MIAMI FL 33134**

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

**2/14/03 305-866-1481**

Date

Daytime Phone #

CR2E037 (10/02)