

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 737913

1. Entity Name

THE CENTURY CLUB OF CORAL GABLES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

02-14-2000 90034 029 ****61.25

Principal Place of Business

Mailing Address

P O BOX 140867
CORAL GABLES FL 33134-0867
US

P O BOX 140867
CORAL GABLES FL 33114-0867
US

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

59-1720616

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

WAHLSTROM, KIM P
1107 GENOA ST
CORAL GABLES FL 33134

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 P
NAME MCCOINICK, EDWARD
STREET ADDRESS 1440 BAY SHORE DR.
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

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

TITLE D
NAME SHUETLETT, ROGER W JR
STREET ADDRESS 1049 CATALONIA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

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

TITLE D
NAME PHILLIPS, PREO
STREET ADDRESS 8140 SW 62 AVE
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

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

TITLE D
NAME WAHLSTROM, KIM P
STREET ADDRESS 1107 GENOA ST
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE D
NAME D. WILLIAM PHILLIPS
STREET ADDRESS 9351 SW 58 TERRACE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE D
NAME DANIEL HARRING
STREET ADDRESS 1320 S. DIKE HIGHWAY #740
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

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

2-8-00

Date

305-447-8727

Daytime Phone #

CR2E037 (9/99)