

DOCUMENT # 737913

1. Entity Name

THE CENTURY CLUB OF CORAL GABLES, INC.

Principal Place of Business

Mailing Address

P O BOX 140867
CORAL GABLES FL 33134-0867
US

P O BOX 140867
CORAL GABLES FL 33134-0867
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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-01

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	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	P	PHILLIPS, PREO	8140 SW 62 AVE MIAMI FL 33143	
	D	WAHLSTROM, KIM P	1107 GENOA ST CORAL GABLES FL	<input type="checkbox"/> Delete
	D	PHILLIPS, WILLIAM	9351 SW 88 TERR MIAMI FL 33176	<input type="checkbox"/> Delete
	D	HARRING, DANIEL	1320 S. DIXIE HWY #740 MIAMI FL 33134	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PRESIDENT	HARRING, DANIEL	1320 S. Dixie Highway #740 MIAMI, FL 33134	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	JAMES BOWLING	5081 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kim P. Wahlstrom
305-447-8718
1-3-01

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90051 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)