

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 024 ****61.25

DOCUMENT # 737913

1. Entity Name

THE CENTURY CLUB OF CORAL GABLES, INC.



Principal Place of Business

P O BOX 140867
CORAL GABLES FL 33134-0867
US

Mailing Address

P O BOX 140867
CORAL GABLES FL 33134-0867
US

2. Principal Place of Business

145 MADRID AVE #209

3. Mailing Address

145 MADRID AVE #209

Suite, Apt. #, etc.

CORAL GABLES FL

Suite, Apt. #, etc.

CORAL GABLES FL

City & State

City & State

Zip
33134

Country
USA

Zip
33134

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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

WAHLSTROM, KIM P
1107 GENOA ST
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

K. Wahlstrom

5-1-03

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

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

TITLE **D** ☒ Delete
NAME **PHILLIPS, WILLIAM**
STREET ADDRESS **9351 SW 88 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **P** ☒ Delete
NAME **HARRING, DANIEL**
STREET ADDRESS **1320 S. DIXIE HWY #740**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☒ Delete
NAME **BOWLING, JAMES**
STREET ADDRESS **5081 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **SANDY JORDAN**
STREET ADDRESS **17820 SW 77 AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ Change ☐ Addition
NAME **JOAN BECK**
STREET ADDRESS **1330 SW 16 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 *K. Wahlstrom*

5-1-03

305-447-8727

CR2E037 (10/02)