

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751048

1. Entity Name

SOUTH BAY CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90087 024 ****61.25

Principal Place of Business

Mailing Address

800 WEST AVE.
MGMT OFFICE
MIAMI BCH. FL 33139
US

800 WEST AVE.
MGMT OFFICE
MIAMI BCH. FL 33139-5542
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

59-2064543

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

EBER, ROBERT C ESQ.
10761 S.W. 104 STREET
MIAMI FL 33176

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	T	☒ Delete
NAME	BANNISTER, DAVID	
STREET ADDRESS	800 WEST AVENUE, #844	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	S	☐ Delete
NAME	MCWILLIAMS, JILL	
STREET ADDRESS	800 WEST AVE., 243	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☒ Delete
NAME	WHITLOCK, EUGENE	
STREET ADDRESS	800 WEST AVENUE, 836	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	☐ Delete
NAME	LYNCH, NORRY	
STREET ADDRESS	800 WEST AVE., #1029	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☒ Delete
NAME	CORREA, ELIZABETH	
STREET ADDRESS	800 WEST AVE. 246	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	VP	☐ Delete
NAME	PETROLE, LOUIS	
STREET ADDRESS	800 W. AVE, 729	
CITY-ST-ZIP	MIAMI BCH FL	

TITLE	Joel Hoffman	☐ Change ☒ Addition
NAME	800 West Ave # PH-21	
STREET ADDRESS	Miami Beach, FL 33139	
CITY-ST-ZIP		
TITLE	Patricia Mac Isaac	☐ Change ☒ Addition
NAME	800 West Ave # 246	
STREET ADDRESS	Miami Beach, FL 33139	
CITY-ST-ZIP		
TITLE	Morton Shenker	☐ Change ☒ Addition
NAME	800 West Ave # 536	
STREET ADDRESS	Miami Beach, FL 33139	
CITY-ST-ZIP		
TITLE	Larry Deck	☐ Change ☒ Addition
NAME	800 West Ave # 432	
STREET ADDRESS	Miami Beach, FL 33139	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)