

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **752474**

1. Entity Name

GREATER MIAMI SKI CLUB

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90215 015 ****61.25

Principal Place of Business

Mailing Address

1780 N.W. 94 AVE.
 MIAMI FL 33172

1623 COLLINS AVE #415
 MIAMI BCH FL 33139-3143
 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

65-0060231

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEMENTA, MIKE
1623 COLLINS AVE #415
MIAMI BCH FL 33139

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 Delete
 NAME **PD**
MOSSER, JAMES
 STREET ADDRESS **9730 N.W. 51 LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
SEMENTA, MIKE
 STREET ADDRESS **1623 COLLINS AVE., #415**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
LUZORO, JOE
 STREET ADDRESS **7971 NW 181 ST**
 CITY-ST-ZIP **NO MIAMI FL**

TITLE Change Addition
 NAME **VICE PRESIDENT/DIRECTOR**
THOMAS, LOU
 STREET ADDRESS **159 E. ENID DR.**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE Delete
 NAME **SD**
TURNAGE, ANNE MARIE
 STREET ADDRESS **9791 FOUNTAINBLEU BLVD**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **SECRETARY/DIRECTOR**
LUZORO, NANCY
 STREET ADDRESS **7971 NW 181 ST.**
 CITY-ST-ZIP **NORTH MIAMI, FL 33015**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 a address with all other like empowered.

SIGNATURE: MIKE SEMENTA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 (305)552-4530
 Date Daytime Phone #

CR2E037 (9/99)