

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000957**

1. Entity Name

**CENTURY/COUNTRY CLUB, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7270 N.W. 12TH STREET, SUITE 410  
MIAMI FL 33126

Mailing Address

7270 N.W. 12TH STREET, SUITE 410  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0972472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~MIAMI CORPORATE SYSTEMS, INC.~~  
~~5200 BLUE LAGOON DRIVE, SUITE 700~~  
~~MIAMI FL 33126~~

N/A

7. Name and Address of New Registered Agent

Name

Keyla Alba-Beilly

Street Address (P.O. Box Number is Not Acceptable)

7270 N.W. 12 St. Ste. 410

City

Miami

FL

Zip Code

33126

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

*Keyla Alba-Beilly*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(305) 599-8100

DATE

9. Capital Contributions  
as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000011266  
NAME CENTURY MANAGEMENT GROUP, INC.  
STREET ADDRESS 7270 N.W. 12TH STREET, SUITE 410  
CITY-ST-ZIP MIAMI FL 33126

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Keyla Alba-Beilly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/1/00

Date

(305) 599-8100

Daytime Phone #

CF 1003 (5/00)