

2001 UNIFORM BUSINESS REPORT (UBR)

0003675 AF

DOCUMENT # **A99000000957**

1. Entity Name

CENTURY/COUNTRY CLUB, LTD.

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**

FILED

01 MAR -5 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4444 SW 71 AVE

Suite, Apt. #, etc.

#107

City & State

MIAMI, FL.

Zip

33155

Country

4. FEI Number

65-0972472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBA-REILLY, KEYLA

**7270 N.W. 12TH ST., STE. 410
MIAMI FL 33126**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

900003819609--4

03/08/01-04116-009

*****526.25 ***526.25**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/09/01

Date

305-667-0470
Daytime Phone #

CR2E003 (11/00)