

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002967

1. Entity Name  
Westview Country Club, Inc.

Principal Place of Business Mailing Address  
2601 N.W. 119th Street  
Miami, FL 33167

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 59-0585738 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

John Skiekman  
200 E. Broward Blvd.  
Ft. Lauderdale, FL 33301

## 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.

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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	James D. Tate	
STREET ADDRESS	2601 N.W. 119th Street	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	Steven Wellins	
STREET ADDRESS	2601 N.W. 119th Street	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	D/VP/T	<input type="checkbox"/> Delete
NAME	Gary Dix	
STREET ADDRESS	2601 N.W. 119th Street	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	Norman Hurwitz	
STREET ADDRESS	2601 N.W. 119th Street	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	Paul Cummings	
STREET ADDRESS	2601 N.W. 119th Street	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	D/AS	<input type="checkbox"/> Delete
NAME	John Shiekman	
STREET ADDRESS	2601 N.W. 119th Street	
CITY-ST-ZIP	Miami, FL 33167	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600003238676--9  
-05/04/00--01001--010  
\*\*\*\*\*61.25 \*\*\*\*\*60.25  
600003238676--9  
-05/04/00--01001--011  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAY -2 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)