

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90136 020 \*\*\*\*61.25

0006697

**DOCUMENT # N00000002967**

1. Entity Name

**WESTVIEW COUNTRY CLUB, INC.**



Principal Place of Business

**2601 NW 119TH ST  
MIAMI FL 33167**

Mailing Address

**2601 NW 119TH ST  
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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCELL, LOUIS  
2601 NW 119TH STREET  
MIAMI FL 33167**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TATE, JAMES D	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WELLINS, STEVEN	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	DIX, GARY	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HURWITZ, NORMAN	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, PAUL	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHIEKMAN, JOHN	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	

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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY DIX	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
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	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY HERZFELD	
STREET ADDRESS	2601 NW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33167	

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**

7/11/03

305-685-2411

CR2E037 (4/03)