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

DOCUMENT # N0000002967

1. Entity Name

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FILED Jul 28, 2003 8:00 am Secretary of State 07-28-2003 90136 020 ****61.25

WESTVIEW (COUNTRY CLUB, INC.						
Principal Place of 2601 NW 119TH S MIAMI FL 33167		Mailing Address 2601 NW 119TH ST MIAMI FL 33167	V	I ICOREIR DI CUI	EDNIK BONN BONN BERNIK BONNE I		LII L ag i L ag i
2. Principal Place	ce of Business	3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING C	HANGES	
City & State		City & State		4. FEI Number 59-0585738		Applied For Not Applicable	
Zìp	Country	Zip	Country	5. Certificate of Stat		8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Ag	ent	
CARCELL	OUIC		Name				
GARCELL, L	Louis 19th Street		Street Address	s (P.O. Box Number is No	t Acceptable)		
MIAMI FL 33			[
			City		FL	Zip Cod	e
	rmed entity submits this statement for is of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in th	e State of Florida. I am fan	niliar with,	and accept
, and a unigeniarie	o rogictora again.				-		,
SIGNATURE	·			· ·	,		
sign	gnature, typed or printed name of registered agent	and title (rapplicable, (NUTE	E: Registered Agent signature requir	ed when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9 Flaction Can	9. Election Campaign Financing Trust Fund Contribution.				
After Septem				\$5.00 May Be Added to Fees			
10.	nber 10, 2003, min will be \$2	236.25 Trust Fund C		Added to Fees		ent of S	State
10.	OFFICERS AND DIE	236.25 Trust Fund C	Contribution.	Added to Fees	Florida Departm	ent of S	State
10. TITLE PC	OFFICERS AND DIE OFFICERS AND DIE D ATE, JAMES D	Trust Fund C	III. TITLE NAME	Added to Fees	Florida Departm	ent of S	itate
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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.

<u>CONATURE REQUIRED</u> SIGNATURE: