

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001096

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** THE UNIVERSITY OF VIRGINIA SOUTH FLORIDA CLUB, INC.

**Current Principal Place of Business:**

1070 NORTHEAST 96TH STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

1070 NORTHEAST 96TH STREET  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 33-0993765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXWELL, MICHAEL J  
1070 NORTHEAST 96TH STREET  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHEETS, ERIC  
Address: THREE ISLAND BLVD., #811  
City-St-Zip: HALLANDALE, FL 33009

Title: PTD ( ) Delete  
Name: MAXWELL, MICHAEL J  
Address: 1070 NORTHEAST 96TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete  
Name: SLESNICK, DONALD D II  
Address: 827 NORTH GREENWAY  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. MAXWELL

PTD

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date