

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90012 035 ****61.25

DOCUMENT # N02000001096

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



Principal Place of Business
**1070 NORTHEAST 96TH STREET
MIAMI SHORES, FL 33138**

Mailing Address
**1070 NORTHEAST 96TH STREET
MIAMI SHORES, FL 33138**

40094640



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0993765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 *Michael J. Maxwell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 29, 2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SHEETS, ERIC**
STREET ADDRESS **THREE ISLAND BLVD., #811**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **XTD**
NAME **MAXWELL, MICHAEL J**
STREET ADDRESS **1070 NORTHEAST 96TH STREET**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D**
NAME **SLESNICK, DONALD D II**
STREET ADDRESS **827 NORTH GREENWAY**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **PD**
NAME **Brellin, Thomas**
STREET ADDRESS **10440 SW 60TH STREET**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael J. Maxwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2007 *305/978-1929*
Date Daytime Phone #