

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03485

1. Entity Name

MIAMI BACH SOCIETY, INC.

Principal Place of Business

P O BOX 4034  
CORAL GABLES FL 33114

Mailing Address

P O BOX 4034  
CORAL GABLES FL 33114

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

59-2429406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EURINGER, DAWN E  
2121 PONCE DE LEON BLVD  
STE. 445  
CORAL GABLES FL 33134

Name  
**COBER CORPORATE ASSOCIATES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2601 S. BAYSHORE DR.**  
**19TH FLOOR**  
City  
**COCONUT GROVE** FL Zip Code  
**33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	TERRY, LAWRENCE	1896 TIGERTAIL AVENUE	COCONUT GROVE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	THORESEN, ERLING	3235 MARY ST	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	VEATER, CLAIRE W	10453 SW 114 STREET	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	BERBERIAN, GEORGE W.	7290 SW 112 STREET	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	HART, MARK E	8784 SW 176TH TERRACE	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ERLING THORESEN

4/25/00 (305) 447-8665

Date

Daytime Phone #

CR2E037 (9/99)