2000 UNIFORM BUS	INESS REPO	RT (UBF	<u>k)                                      </u>			
DOCUMENT # NO409	May	FILED May 23, 2000 8:00 am				
THE FOUNTAINVIL	EW CLUB NO.	<i>///</i> :\		retary of		
Principal Place of Business	Mailing Address		U3-2	23-2000 90197 043	****61.25	
	·			- · .		
2. Principal Place of Business	3. Mailing Address	<del></del>				
935 Palermo Avenue Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Coral Gables, FL	City & State Coral Gable	<i>—</i> ,	4. FEI Number 59-096	5756	Applied For Not Applicable	
Zip 33/34 Country USA	<sup>Zip</sup> 33/34	Country USA	5. Certificate of Status D	Fee I	75 Additional Required	
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of	of New Registered Agen	-	
	•	01 11 1	Mattield, Nober	·T. h.		
Street Address			56 Almeria	(P.O. Box Number is Not Acceptable)  Almeria Avenue		
·			Suite 200 Coral Gables FL Zip Code 33/34			
8. The above named entity submits this statement	for the purpose of changing its	registered office or	registered agent or both in the et		33/37	
SIGNATURE Signature, typed or printed name of registeregraphs	Robination (NOTE	er + L. Ha Registered Agent signatur	Afficial Treas. Treas.	4/25/ DATE	06	
FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	Make Check Paya Department of S	State	
TITLE T	Delete	TITLE	T	A A	Change Addition	
NAME Hartley, Carl W.	•	NAME STREET ADDRESS	HATFIELD, ROBE 156 Almoria Ave.,	RT L. Suite 200	7	
CITY-ST-ZIP Coral Gables, F-L			Coral Gables, F			
TITLE VD	☐ Delete	TITLE ,			Change	
STREET ADDRESS 935 Palermo Aver		STREET ADDRESS CITY-ST-ZIP				
TITLE PD Gables, FL	33/34 X Delete	TITLE			Change - Addition =	
NAME HARTLEY NANCY S. STREET ADDRESS 935 Palet MO AVENU		NAME Street Address				
CITY-ST-ZIP Coral Gables, FL	33134	CITY-\$T-ZIP	PS D		Change Addition	
NAME HALL ELAINE F.	☐ Delete				Change	
STREET ADDRESS 935 Palermo Aven City-St-ZIP Coral Gables, FL	NUC 331311	STREET ADDRESS CITY-ST-ZIP	HALL, ELAINE F. 935 Palermo Aud Coral Gables, FL	rnue, 1B		
TITLE COVAT GARDIES / T	☐ Delete		1.1		Change 🔀 Addition	
NAME STREET ADDRESS			ANDERSON, ALBER 135 Palermo Aveno		}	
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP TITLE	Coral Gables, Fo	<u>'_ 33/34</u>	Change Addition	
NAME STREET ADDRESS	Delete	NAME STREET ADDRESS	REGAN, GORDON B 935 Palermo Aue	3. vue, 1A		
CITY-ST-ZIP  12. I hereby certify that the information supplied wi	th this filing does not available.	CITY-ST-ZIP	Coral Gables, FL 3	3/34 Statutes I further cortifu #	at the information	
<ol> <li>Thereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee emi changed, or on an attachment with an address</li> </ol>	is true and accurate and that moowered to execute this report a with all other like empowered.	ly signature shall ha as required by Char	ive the same legal effect as if mad oter 617, Florida Statutes; and that	e under oath: that I am ar	nonicer or director 1	
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	PLF A. Hatt	10 1/25/2 Date	20 (305) Daylirne	948-7878 Phone #	