

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 24 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N04450**

1. Entity Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "14" A**

Principal Place of Business

% DCI  
2901 SIMMS STREET  
HOLLYWOOD FL 33020-1510

Mailing Address

% DCI  
2901 SIMMS STREET  
HOLLYWOOD FL 33020-1510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03-15-2000 90084 039-486

4. FEI Number **59-2564923**

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DCI  
2901 SIMMS STREET  
HOLLYWOOD FL 33020-1510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	SD	<input type="checkbox"/> Delete
NAME	GARCIA, HECTOR	
STREET ADDRESS	911 NE 109TH STREET #104	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VOGLER, JIM	
STREET ADDRESS	911 N.E. 189TH ST.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WIGGINS, KEVIN	
STREET ADDRESS	911 NE 189TH ST #105	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ARsupp .88.75
CITY-ST-ZIP	AR 42.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300003274763--3
CITY-ST-ZIP	-06/02/00--01021--016
	****131.25 ****131.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

3/7/00

Date

Daytime Phone #