

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

0037457

DOCUMENT # N33423

1. Entity Name

THE NOTRE DAME CLUB OF MIAMI, INC.

03-28-2001 90071 023 *****61.25

Principal Place of Business

Mailing Address

P.O. BOX 144636
 CORAL GABLES FL 33114-4636

P.O. BOX 144636
 CORAL GABLES FL 33114-4636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALCIDES AVILDA, ESQ
C/O HOLLAND & KNIGHT
701 BRICKELL AVE.
MIAMI FL 33131

Name **Alcides Avila, Esq.**

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 **D** ☒ Delete
 NAME **ROBERTSON, JIM**
 STREET ADDRESS **100 SE 2ND ST, #3350**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **Greg Feo P/D**
 STREET ADDRESS **701 Brickell Ave, Ste. 3000**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☒ Delete
 NAME **BLANCK, JAN**
 STREET ADDRESS **100 SE 2ND ST, SUITE 3350**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **Rene Rodriguez VP/D**
 STREET ADDRESS **701 Brickell Ave, Ste. 3000**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☒ Delete
 NAME **MARSHALL, DAVE**
 STREET ADDRESS **100 SE 2ND STREET, #3350**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **Christian Thornburg VP/D**
 STREET ADDRESS **701 Brickell Ave, Ste. 3000**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☒ Delete
 NAME **HUTCHINS, CHRISTOPHER M**
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☒ Addition
 NAME **Alcides I. Avila T/D**
 STREET ADDRESS **701 Brickell Ave, Ste. 3000**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☒ Delete
 NAME **ZAVERNTIK, JIM**
 STREET ADDRESS **100 SE 2ND STREET, #3350**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **Marco Ferri S/D**
 STREET ADDRESS **701 Brickell Ave, Ste. 3000**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☒ Delete
 NAME **FISHER, SHARON**
 STREET ADDRESS **100 SE 2ND STREET, #3350**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.26.01

(305) 789-7718

Date

Daytime Phone #

CR2E037 (10/00)