

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90054 048 \*\*\*\*61.25

**DOCUMENT # N44440**

1. Entity Name  
**THE COUNTRY CLUB OF CORAL GABLES FOUNDATION, INC**



Principal Place of Business

**997 N GREENWAY DR.  
CORAL GABLES FL 33134**

Mailing Address

**1252 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134  
US**

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☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0280234**

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

**HEARD, ALLAN P  
1252 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

Name

**NATHANIEL L. BARONE**

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

**8270 SUNSET DRIVE**

City

**MIAMI**

FL

Zip Code

**33143**

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

*[Signature]*

**Nathaniel L. Barone**

**4-25-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input type="checkbox"/> Delete
NAME	HEARD, ALLAN	
STREET ADDRESS	1252 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODE, ELIZABETH A	
STREET ADDRESS	3227 SW 60TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAUNDERS, EDWARD D	
STREET ADDRESS	7300 SW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	NEAL, ROY D	
STREET ADDRESS	921 RODERIGO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOPER, SUSAN	
STREET ADDRESS	1722 COUNTRY CLUB PRADO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHANIEL L. BARONE	
STREET ADDRESS	8270 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL, 33143	

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]*

**23 APR 03 (305) 446-7700**

CF2E037 (10/02)