

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

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90056 044 ****61.25

0007263

DOCUMENT # N93000004925

1. Entity Name

CARIBISLES SPORTS CLUB, INC.



Principal Place of Business

P.O. BOX 14-4981
CORAL GABLES FL 33114-4981

Mailing Address

P.O. BOX 14-4981
CORAL GABLES FL 33114-4981

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 **65-0441174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRADY, GAIL
2910 CYPRESS AVE
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

O'BRADY, GAIL

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

13251 SW 21st Street

City

Miramar

FL

Zip Code

33027

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

Paul O'Brady

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRADY, GAIL	
STREET ADDRESS	2910 CYPRESS AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCBARNETTE, HILARY	
STREET ADDRESS	14500 NW 15TH AVE	
CITY-ST-ZIP	MIAMI-FL 33167	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEADEAU, RUTH	
STREET ADDRESS	2420 SW 84TH TERR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	BYER, SHERRYANN	
STREET ADDRESS	10311 SW 24TH CT	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRADY, GAIL	
STREET ADDRESS	13251 SW 21st STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
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		
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:

GAIL O'BRADY

7/21/03

305-459-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)