

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

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90112 001 ****61.25

DOCUMENT # N94000005591

1. Entity Name
THE SURF CLUB DEBUTANTE BALL COMMITTEE, INC.



Principal Place of Business

**9011 COLLINS AVE
SURFSIDE FL 33154**

Mailing Address

**201 ALHAMBRA CIRCLE
SUITE 703
CORAL GABLES FL 33134
US**

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 **65-0572383**

Applied For

Not Applicable

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

MAYER, ROBERT M

~~2474 SW 27 TERRACE~~

~~201 S DISCAYNE BLVD SUITE 2400~~

~~MIAMI FL 33131~~

moved

Name

SAWE -

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

1320 S. Dixie Highway

Suite 811

City

Miami

FL

Zip Code

33146

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE \$61.25
After September 10, 2003, fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS**
NAME **CESARANO, MARILYN**
STREET ADDRESS **6200 SW 144TH ST**
CITY-ST-ZIP **MIAMI FL 33158**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **BATCHELLER, JOSEPH ANN**
STREET ADDRESS **4595 SABAL PALM RD**
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **DT**
NAME **WHALEN, MICHAEL**
STREET ADDRESS **4261 PALM LN**
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **DP**
NAME **CULLEN, DONNA MRS**
STREET ADDRESS **259 BAL BAY DR**
CITY-ST-ZIP **MIAMI FL 33154**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 OF MICHAEL WHALEN, Treasurer 7/7/03 305-250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)