2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State DOCUMENT # N9500003800 1. Entity Name 08-22-2001 90001 046 ****61.25 SEMINOLE CLUB OF GREATER MIAMI, INC. Principal Place of Business Malling Address P.O. BOX 145220 P.O. BOX 145220 CORAL GABLES FL 33114 **CORAL GABLES FL 33114** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0604167 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent y bus can KLEIN ddress (P.O. Box Number is Not Acceptable) HERNDON JR., JOHN EDWARD C/O CONROY, SIMBERGIM & GANAN 3440 HOLLYWOOD BLVD HOLLYWOOD FL 33021 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE THE ☐ Change <u>8</u> ☐ Defete Addition HAGGARD, CAROLE NAME NAME STREET ADDRESS 9335 GALLARDO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33156** Addition TITLE □ Delete TITLE ☐ Change GILLIS, AL NAME NAME 3440 HOLLYWOOD BLVD STREET ADDRESS STREET ADDRESS CITY- ST-7/P CITY-ST-ZIP HOLLYWOOD FL D. Change ☐ Addition TITLE Delete. TITLE HERNDON, JR JOHN EDWARD NAMĒ NAME STREET ADDRESS 3440 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Registened Agont n Delete ☐ Addition TITLE TITLE Resecca KLEIN KLEIN, REBECCA MALIF NAME 8521 J.W. 10204 Court 10123 SW 77TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 MIANI FLORIDA D Cecio, Julian J Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.