

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002996

1. Entity Name

THE COUNTRY CLUB OF MIAMI CIVIC ASSOCIATION, INC

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90166 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 171906  
HIALEAH FL 33017

POST OFFICE BOX 171906  
HIALEAH FL 33017-1906

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

65-0675049

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

Name

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

City

**FL**

Zip Code

VILA, RAUL  
19330 E. OAKMONT DRIVE  
HIALEAH FL 33015

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

*Barbara S. Hagan*

BARBARA S. HAGAN, President

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VILA, RAUL	
STREET ADDRESS	19330 E. OAKMONT DRIVE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAGAN, BARBARA S	
STREET ADDRESS	7336 BAY HILL DRIVE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SALZMAN, DAVID	
STREET ADDRESS	19401 W. ST. ANDREWS DRIVE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHARPE, JUDITH	
STREET ADDRESS	19300 E. LAKE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHLAFKE, MARIA	
STREET ADDRESS	6820 N. AUGUSTA DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAPSTONE, EVELYN	
STREET ADDRESS	7335 PEPPER PYKE DR	
CITY-ST-ZIP	HIALEAH FL 33015	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA S. HAGAN	
STREET ADDRESS	7336 Bay Hill Drive	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SALZMAN	
STREET ADDRESS	19401 W. ST ANDREWS DRIVE	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERON DIXON	
STREET ADDRESS	19411 W. OAKMOND DRIVE	
CITY-ST-ZIP	Hialeah, FL 33015	
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:

*Barbara S. Hagan*

BARBARA S. HAGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)