

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90020 045 \*\*\*\*61.25

**DOCUMENT # N96000002996**

1. Entity Name

**THE COUNTRY CLUB OF MIAMI CIVIC ASSOCIATION, INC**

Principal Place of Business

POST OFFICE BOX 171906  
HIALEAH FL 33017

Mailing Address

POST OFFICE BOX 171906  
HIALEAH FL 33017

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**VILA, RAUL**  
**19330 E. OAKMONT DRIVE**  
**HIALEAH FL 33015**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

TITLE **PD** ☐ Delete  
NAME **HAGAN, BARBARA S**  
STREET ADDRESS **7336 BAY HILL DR**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **VD** ☒ Delete  
NAME **HAGAN, BARBARA S**  
STREET ADDRESS **7336 BAY HILL DRIVE**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **VD** ☐ Delete  
NAME **SALZMAN, DAVID**  
STREET ADDRESS **19401 W. ST. ANDREWS DRIVE**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **S** ☐ Delete  
NAME **SHARPE, JUDITH**  
STREET ADDRESS **19300 E. LAKE DRIVE**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **VD** ☒ Delete  
NAME **SALZMAN, DAVID**  
STREET ADDRESS **19401 W ST. ANDREWS DR**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **T** ☐ Delete  
NAME **MAPSTONE, EVELYN**  
STREET ADDRESS **7335 PEPPER PYKE DR**  
CITY-ST-ZIP **HIALEAH FL 33015**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VD**  
**GERON DIXON**  
STREET ADDRESS **19411 W. Oakmonk Drive**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Change ☐ 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** 03/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305/829-5811

Daytime Phone #

CR2E037 (10/00)