

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90080 022 ****61.25

DOCUMENT # N96000002996

1. Entity Name

THE COUNTRY CLUB OF MIAMI CIVIC ASSOCIATION, INC

Principal Place of Business

Mailing Address

**POST OFFICE BOX 171906
HIALEAH FL 33017**

**POST OFFICE BOX 171906
HIALEAH FL 33017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0675049

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Barbara S. Hagan

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

7336 Bay Hill Drive

City

Hialeah

FL

Zip Code
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

3/11/02

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 type="checkbox"/> Delete
NAME	HAGAN, BARBARA S	
STREET ADDRESS	7336 BAY HILL DR	
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	VD	<input type="checkbox"/> Delete
NAME	GERON, DIXON	
STREET ADDRESS	19411 W OAKMONK DRIVE	
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		<input type="checkbox"/> Delete
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	
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara S. Hagan

Date

305/829-5811

Daytime Phone #

CR2E037 (9/01)