

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002502

FILED
Apr 20, 2004
Secretary of State

Entity Name: UNIVERSITY CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

370 MINORCA AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

370 MINORCA AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0578410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUTIER, WILLIAM JR
370 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAUTIER, WILLIAM JR.
Address: 370 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GAUTIER, WILLIAM L SR.
Address: 370 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: ANDERSON, BRETT D
Address: 370 MINORA AVE SUITE #5
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT D. ANDERSON

TD

04/20/2004

Electronic Signature of Signing Officer or Director

Date