

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90032 039 \*\*\*\*\*61.25

**DOCUMENT # N97000003778**

1. Entity Name

**COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.**

Principal Place of Business

Mailing Address

**269 GIRALDA AVENUE  
 SUITE 302  
 CORAL GABLES FL 33134**

**269 GIRALDA AVENUE  
 SUITE 302  
 CORAL GABLES FL 33134**

**80017912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2020710**

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

Name

**Coral Gables Secretarial Services**

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

**269 Giralda Avenue, Suite 302**

City

**Coral Gables**

**FL**

Zip Code  
**33134**

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

*Nancy C. Magan, as President*

**January 11, 2002**

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 ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **GALLAGHER, PHIL C**  
 CITY-ST-ZIP **770 PALM BAY LANE, #8-F**  
**MIAMI FL 33138**

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

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **GRAMLING, FRANK R.**  
 CITY-ST-ZIP **200 SE 13TH ST**  
**FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **JACOBS, T. SINCLAIR**  
 CITY-ST-ZIP **145 SE 25 RD., STE 31002**  
**MIAMI FL 33129**

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

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **SANFORD, DAVID**  
 CITY-ST-ZIP **11111 BISCANYNE BLVD-#558**  
**MIAMI FL 33181**

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **NEUMAN, SUSAN**  
 CITY-ST-ZIP **555 N.E. 15 STREET #25-K**  
**MIAMI FL 33132**

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

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **MCDUGAL III, ROBERT D**  
 CITY-ST-ZIP **34 INDIAN CREEK ISLAND**  
**MIAMI FL 33154**

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:

*Nancy C. Magan, as President* 1/9/02 305443-0973

CR2E037 (9/01)