

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90014 036 ****61.25

DOCUMENT # N97000003778

1. Entity Name

COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.



Principal Place of Business

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

Mailing Address

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

40001663



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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE **DS** ☒ Change ☒ Addition
NAME **DOROTHY M. STEIN**
STREET ADDRESS **8222 PONCE DE LEON BLVD. Ste #210**
CITY-ST-ZIP **CORAL GABLES, Florida 33134**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

(305) 443-8973

CR2E037 (10/02)