

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90040 002 ****61.25

DOCUMENT # N98000007116

1. Entity Name

DORAL PARK COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5001 N.W. 104TH AVE.
 MIAMI FL 33178

5001 N.W. 104TH AVE.
 100 S.E. 2ND ST., 17TH FLOOR
 MIAMI FL 33178-2219

2. Principal Place of Business

3. Mailing Address

5001 N.W. 104th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami, Florida 33178-2219

4. FEI Number

65-0895220

Applied For

Not Applicable

Zip

Country

Zip

33178-2219

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKE, PETER M ESQ.
 100 S.E. 2ND ST., 17TH FLOOR
 MIAMI FL 33131-1101

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OP	<input type="checkbox"/> Delete
NAME	OSSES, ROLANDO	
STREET ADDRESS	5001 N.W. 104TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LEVY, MORGAN	
STREET ADDRESS	5001 N.W. 104TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TORRES, ODEL	
STREET ADDRESS	5001 N.W. 104TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	BST	<input checked="" type="checkbox"/> Delete
NAME	PHIPPS, JOHN	
STREET ADDRESS	5001 N.W. 104TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ODEL	
STREET ADDRESS	5001 N.W. 104th AVE.	
CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, ROBERT	
STREET ADDRESS	5001 N.W. 104th AVE.	
CITY-ST-ZIP	MIAMI, FL. 33178	
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		

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 employees.

SIGNATURE: SIGNATURE OF ROLANDO OSSES 5-10-00 305-591-88
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)