

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001120

1. Entity Name

COCONUT GROVE CORAL GABLES WRITERS, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90061 028 ****70.00

Principal Place of Business

Mailing Address

3512 THOMAS AVENUE
MIAMI FL 33133

3512 THOMAS AVENUE
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0932831

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
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.

SIGNATURE

Mr. Rose Fountain M.

(NOTE: Registered Agent signature required when reinstating)

DATE

15 Feb 2001

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
NAME FOUNTAIN M., ROSE
STREET ADDRESS 3512 THOMAS AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME STOCKER, LAURE
STREET ADDRESS 3512 THOMAS AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME STOCKER, LUNETTE
STREET ADDRESS 3512 THOMAS AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME WILLIAMS, CHRISTOPHER L
STREET ADDRESS 3512 THOMAS AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME STOCKER, A L
STREET ADDRESS 3512 THOMAS AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COATS, FLOYD J
STREET ADDRESS 3512 THOMAS AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mr. Rose Fountain M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 Feb 2001

CR2E037 (10/00)