

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000084878**1. Entity Name
BOCA ISLES SOUTH CLUB, INC.

Principal Place of Business

700 N.W. 107 AVENUE

MIAMI
33172

FL

Mailing Address

700 N.W. 107 AVENUE

MIAMI
33172

FL

2. Principal Place of Business

700 N.W. 107 AVENUE

3. Mailing Address

700 N.W. 107 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33172

Country

US

Zip

33172

Country

US

4. FEI Number

65-0456217

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAIN DAVID BESQ.
700 N.W. 107 AVENUE

MIAMI

33172

FL

US

7. Name and Address of New Registered Agent

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 _____ 01/22/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MALCOLM WAYNEWRIGHT	
STREET ADDRESS	700 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SANTAELLA GRACE	
STREET ADDRESS	700 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSS BRUCE	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMMI FL 33172	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER STUART A	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMMI FL 33172	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MILLER LEONARD	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMMI FL 33172	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAELLA GRACE
STREET ADDRESS	700 NW 107 AVE.
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS BRUCE
STREET ADDRESS	700 N.W. 107 AVENUE
CITY-ST-ZIP	MIAMMI FL 33172
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David B. McCain

VS

01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)