

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000085517**

1. Entity Name  
**KINGS RIDGE RECREATION CORPORATION**

Principal Place of Business  
700 N.W. 107 AVENUE  
MIAMI FL 33172

Mailing Address  
700 N.W. 107 AVENUE  
MIAMI FL 33172

2. Principal Place of Business  
700 N.W. 107 AVENUE

3. Mailing Address  
700 N.W. 107 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip Country  
33172 US

Zip Country  
33172 US

4. FEI Number  
**65-0718384**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**MCCAIN DAVID BESQ.**  
700 N.W. 107 AVENUE

**MIAMI FL 33172 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 **01/25/2001**  
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	AS	<input type="checkbox"/> Delete
NAME	SANTAELLA GRACE	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER STUART A	
STREET ADDRESS	700 NW 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	GROSS BRUCE	
STREET ADDRESS	700 NW 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALCOM WAYNEWRIGHT	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER LEONARD	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER STUART A	
STREET ADDRESS	700 NW 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS BRUCE	
STREET ADDRESS	700 NW 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM WAYNEWRIGHT	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER LEONARD	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	

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 01/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)