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

FILED
May 07, 2003 8:00 am
Secretary of State
04-21-2003 91047 008 ****61.25

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DOCUMENT # 716558

1. Entity Name
GREATER FORT LAUDERDALE LODGING & HOSPITALITY AS SOCIATION, INC.

Principal Place of Business	Mailing Address
1628 NORTH FEDERAL HWY 200 FORT LAUDERDALE FL 33305 US	1628 NORTH FEDERAL HWY 200 FORT LAUDERDALE FL 33305 US

☐ CHECK HERE IF MAKING CHANGES

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 59-1517974 ☐ 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
MALONE, JAMES E CPA 2945 W. CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PERNSTENER, CAROL 311 N. UNIVERSITY DRIVE PLANTATION FL 33324 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR Bryan Morky 620 E. LAS OLAS BLVD. Ft. LAUD. FL. 33301 ☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLMAND, JIM 2301 SE 17TH STREET FORT-LAUDERDALE FL 33316 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair elect Murray Lowe 1981 SE 17 STREET Ft. Laud. FL. 33316 ☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POLLOCK, CHRISTOPHER 1628 N FEDERAL HWY, #200 FORT LAUDERDALE FL 33305 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILL, LINDA P.O. BOX 21237 FT LAUDERDALE FL 33335 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MARC FAUBERT 400 CORPORATE Dr. Ft. Laud FL. 33309 ☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRANDT, ULRICH 4546 EL-MAR DRIVE LAUDERDALE-BY-THE-SEA FL 33308 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Mark Polite 321 N. Ft. LAUD Bch. Blvd Ft. Laud. FL. 33304 ☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 4/17/02 Christopher Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #