

5/27

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90419 016 ****70.00

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

DOCUMENT # 726093

1. Entity Name

ZOOLOGICAL SOCIETY OF FLORIDA

DO NOT WRITE IN THIS SPACE

36697

2. Principal Place of Business
12400 SW 152nd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State

4. FEI Number
59-6192814Applied For
Not ApplicableZip
33177Country
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Ekey, Glenn W.Street Address (P.O. Box Number is Not Acceptable)
12400 SW 152nd StreetCity
Miami FL Zip Code
33177

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

5/3/2002

FEE
Filing Fee9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMarked for Payable to
Department of State

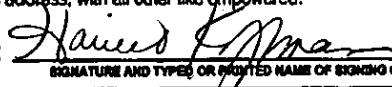
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Licciardi, Daniel J. 3500 NW 37th Avenue Miami FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gross, Jorge A. 200 S Biscayne Blvd. Suite 700 Miami, FL 33131-2330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Soto, Edward 701 Brickell Avenue Suite 2100 Miami FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ds Ekey, Glenn W. 12400 SW 152nd Street Miami FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/02

CR2E037B (12/01)