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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24804** (9)

1. Corporation Name

HALL OF FAME COMMITTEE OF UM, INC.

Principal Place of Business

Mailing Address

C/O PREDDY, KUTNER, HARDY, RUBINOFF ET AL
501 N.E. FIRST AVE.
MIAMI FL 33132

C/O PREDDY, KUTNER, HARDY, RUBINOFF ET AL
501 N.E. FIRST AVE.
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/11/1988

4. FEI Number

65-0124730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **RUBINOFF, EDWARD**

STREET ADDRESS **501 NE 1ST AVE.**

CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

NAME **STRONGIN, EDWARD A.**

STREET ADDRESS **3225 AVIATION AVE. S.500**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **GOLDEN, EDWARD**

STREET ADDRESS **100 SO. BISCAYNE BLV S**

CITY-ST-ZIP **MIAMI FL**

TITLE **SB** ☐ DELETE

NAME **LANCASTER, KEN**

STREET ADDRESS **5975 SUNSET DR S, #301**

CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☒ DELETE

NAME **BOSELER, DON**

STREET ADDRESS **9100 S DADELAND BLVD STE 1600**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE **DP** ☐ Change ☒ Addition

1.2 NAME **CHICKILLO, NICK**

1.3 STREET ADDRESS **4885 SW 92ND AVE.**

1.4 CITY-ST-ZIP **MIAMI, FL 33145**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **BALL, CHRIS**

2.3 STREET ADDRESS **9500 S. DADELAND BLVD STE 200**

2.4 CITY-ST-ZIP **MIAMI, FL 33156**

3.1 TITLE **SALES D** ☐ Change ☒ Addition

3.2 NAME **WELBAUM, EARL**

3.3 STREET ADDRESS **901 PONCE DE LEON BLVD.**

3.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

4.1 TITLE **VP D** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EDWARD A. STRONGIN

1/13/98

(305) 858-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/97)