

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90159 031 ****61.25

DOCUMENT # N24804

1. Corporation Name

HALL OF FAME COMMITTEE OF UM, INC.

Principal Place of Business

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

Mailing Address

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

198395 - 90159 - 31



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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
Added to Fees

9. Name and Address of Current Registered Agent

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

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 **CHICKILLO, NICK**
STREET ADDRESS **4885 SW 92ND AVE.**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **TD** ☐ DELETE

NAME **STRONGIN, EDWARD A.**
STREET ADDRESS **3225 AVIATION AVE. S.500**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **BALL, CHRIS**
STREET ADDRESS **9500 S. DADELAND BLVD STE 200**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VPD** ☐ DELETE

NAME **LANCASTER, KEN**
STREET ADDRESS **5975 SUNSET DR S, #301**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **WELBAUM, EARL**
STREET ADDRESS **901 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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, with all other like empowered.

SIGNATURE:

EDWARD A. STRONGIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (305) 858-5006
Date Daytime Phone #

CR2E037 (11/98)