

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90017 022 ****61.25

DOCUMENT # N24804

1. Entity Name
HALL OF FAME COMMITTEE OF UM, INC.

Principal Place of Business Mailing Address
670 PREDDY KUTNER HARDY, RUBINOFF ET AL **670 PREDDY KUTNER HARDY, RUBINOFF ET AL**
501 N.E. FIRST AVE. **501 N.E. FIRST AVE.**
MIAMI FL 33132 **MIAMI FL 33132**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
U. of Miami, Sports Hall of Fame Bldg **PO Box 561567**
5821 SAN AMAROC Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Coral Gables, FL **MIAMI, FL** **65-0124730** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33124 USA 33256-1567 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RUBINOFF, EDWARD Name
PREDDY, KUTNER, HARDY, RUBINOFF ET AL Street Address (P.O. Box Number is Not Acceptable)
501 N.E. FIRST AVE. City **FL** Zip Code
MIAMI FL 33132

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 _____ 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
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHICKILLO, NICK 4885 SW 92ND AVE. MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT MARTY SCHNELL 3900 Island Blvd #402 Aventura, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input checked="" type="checkbox"/> Delete STRONGIN, EDWARD A. 3225 AVIATION AVE. S.500 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Ed STRONGIN DONOT DELETE Leave AS IS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input type="checkbox"/> Delete BALL, CHRIS 9500 S. DADELAND BLVD STE 200 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President, Dir
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete LANCASTER, KEN 5975 SUNSET DR S, #301 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WELBAUM, EARL 901 PONCE DE LEON BLVD. CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Chris Ball** **3/27/01** **305-670-5340**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)