

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24804

1. Entity Name

HALL OF FAME COMMITTEE OF UM, INC.

Principal Place of Business

Mailing Address

U OF MIAMI. SPORTS OF FAME
5821 SAN AMARO DR
CORAL GABLES FL 33124

PO BOX 561567
MIAMI FL 33256-1567

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

65-0124730

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 VP
NAME SCHNELL, MARTY
STREET ADDRESS 3900 ISLAND BLVD #402
CITY-ST-ZIP MIAMI FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME STRONGIN, EDWARD A.
STREET ADDRESS 3225 AVIATION AVE. S.500
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
33132

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LANCASTER, KEN
STREET ADDRESS 5975 SUNSET DR S, #301
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME JODI APPLEBAUM-STENBAUER
STREET ADDRESS 5598 NW 102 Place
CITY-ST-ZIP MIAMI FL 33178 ☐ Change ☒ 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 supplement 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. BALL

3/4/02

305-670-5340

Date

Daytime Phone #

0073863

CR2E037 (9/01)