

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004619

1. Entity Name

THE SOUTH FLORIDA TOURISM COUNCIL, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90100 030 \*\*\*\*61.25

Principal Place of Business 101 N. RIVERSIDE DR SUITE 212A POMPANO BEACH FL 33062 US	Mailing Address 101 N. RIVERSIDE DR SUITE 212A POMPANO BEACH FL 33062-5011 US
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DO NOT WRITE IN THIS SPACE

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 <b>65-0604521</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~RIEHL, RALPH~~  
 101 N. RIVERSIDE DR  
 SUITE 212A  
 POMPANO BEACH FL 33062

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	RIEHL, RALPH	
STREET ADDRESS	3321 E. OAKLAND PARK BLVD., SUITE 321	
CITY-ST-ZIP	FT. LAUDERDALE FL 33008	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GLASER, GREG	
STREET ADDRESS	13 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OLSEN, GUS III	
STREET ADDRESS	300 E. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SKUDA, DANE	
STREET ADDRESS	101 N. RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *Ralph Riehl* RALPH RIEHL (PUS) 1/5/2000 (954) 946-7320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)