


FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90145 046 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9500004619			
1. Entity Name THE SOUTH FLORIDA TOURISM COUNCIL, INC.			
Principal Place of Business 419 FT LAUDERDALE FORT LAUDERDALE, FL 33316 US		Mailing Address 419 FT LAUDERDALE SUITE 212A FORT LAUDERDALE, FL 33316 US	
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 65-0604521	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>			
FILE NOW: FEE IS \$6125		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEHL, RALPH	NAME	
STREET ADDRESS	3321 E. OAKLAND PARK BLVD., SUITE 321	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33008	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASER, GREG	NAME	
STREET ADDRESS	13 N. POMPANO BEACH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, GUS III	NAME	
STREET ADDRESS	300 E. SAMPLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKUDA, DANE	NAME	
STREET ADDRESS	101 N. RIVERSIDE DR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like endorsements.			
SIGNATURE: <i>Ralph Riehl</i>		Date: 5/28/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

012E037 (10/02)