9/18/01-90008-040-$61.25-$61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 SEP 28 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006601

1. Entity Name

THE GREATER FORT LAUDERDALE INTERNATIONAL BUSINE

| Principal Place of Business | Mailing Address |
|---|---|
| 512 N.E. 3RD AVENUE<br>FORT LAUDERDALE FL 33301 | 512 N.E. 3RD AVENUE<br>FORT LAUDERDALE FL 33301 |

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 65-1032877 ☐ 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 |
|---|---|
| COPELAN, JOHN JR.<br>C/O SHUTTS & BOWEN, LLP<br>200 E. BROWARD BLVD. #2000<br>FORT LAUDERDALE FL 33301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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**<br>**After September 12, 2001, min. will be $236.25** | 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<br>PARADIS, THOMAS L<br>512 N.E. 3RD AVENUE<br>FORT LAUDERDALE FL 33301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Brewer, Kerry<br>2200 W. Commercial Blvd #204<br>Fort Lauderdale, FL 33309 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STUDT, HOLLY<br>240 S.E. SPANISH TRAIL<br>BOCA RATON FL 33432 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Hanbury, George<br>3301 College Avenue<br>Fort Lauderdale, FL 33314 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUMONT, DOLPH<br>1531 S.E. 13TH STREET<br>FORT LAUDERDALE FL 33316 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Kabbooke, Bill<br>1799 SE 17 Street<br>Fort Lauderdale, FL 33316 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAUER, JOHN<br>POB 22948 SOUTHSIDE STA.<br>FORT LAUDERDALE FL 33335 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Litvin, Stuart<br>330 N. Federal Hwy<br>Hollywood, FL 33020 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COPELAN, JOHN<br>200 EAST BROWARD BLVD. #2000<br>FORT LAUDERDALE FL 33301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Anger, Paul<br>2010 NW 150 Ave<br>Pembroke Pines, FL 33028 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LANGLEY, MICHAEL<br>350 S.E. 2ND STREET #400<br>FORT LAUDERDALE FL 33301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Queior, Stephen<br>512 NE 3rd Ave<br>Fort Lauderdale, FL 33301 | ☐ Change ☑ Addition |

CR2E037 (5/01)

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: Patricia L. Redmond 9-1-01 954-462-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00196

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STATE OF FLORIDA - OFFICE OF COMPTROLLER
BUREAU OF ACCOUNTING, ROOM 308, FLETCHER BUILDING
TALLAHASSEE, FLORIDA 32399-0350 TELEPHONE (850) 410-9558
AUGUST 14, 2001

# SECOND REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (SUBSTITUTE FORM W-9)

GREATER FT. LAUDERDALE
INTERNAT'L BUSINESS COUNCIL
512 N.E. THIRD AVENUE
FT. LAUDERDALE FL 33301

CURRENT IDENTIFICATION NUMBER
TIN - 651032877

(651032877
COMPTROLLER USE ONLY)

In order to comply with IRS regulations, we are requesting Taxpayer Identification information which will be used to determine the necessity of filing Form 1099 for payment made to you by an agency of the State of Florida. For questions regarding this form, please use the address or telephone number provided above.

In order to comply with the IRS rules, please provide us with your social security or federal employer identification number. This is **not** a request for state sales tax exemption. If several state agencies make payments to you and are using different TINs, it is possible that more than one of these forms will be sent. Should this happen, please complete and return all forms to the address given above. In the event this information is not provided, or should the IRS notify us that the provided information is incorrect, all payments made to you may become subject to a 31% Backup Withholding Tax Rate. Please print clearly or type.

PART 1 - **If the TIN, Name, and/or Address above is incorrect, correct it/them below.**

**FEDERAL EMPLOYER IDENTIFICATION NUMBER** **(FEIN)** _____ **EXAMPLE 99--9999999**

**SOCIAL SECURITY NUMBER** **(SSN)** _____ **EXAMPLE 999--99--9999**

**NAME** _____

Business name if sole proprietor _____

**ADDRESS** _____

_____

PART 2 - **Below, circle one number that accurately describes the business or the individual.**

1 - **CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION**
(A corporation formed under the laws of any state within the United states.)

2 - **NOT FOR PROFIT CORPORATION** (Section 501(c)(3) Internal Revenue Code)

3 - **PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST**

4 - **INDIVIDUAL, SOLE PROPRIETOR, OR SELF EMPLOYED**
Please type or print the owner's name
whether a FEIN or a SSN is provided as the identification number, _____

5 - **NONCORPORATE RENTAL AGENT**

6 - **GOVERNMENT ENTITY** (City, County, State or U.S. Government)

7 - **FOREIGN CORPORATION OR ENTITY**
(A foreign entity formed under the laws of a country other than the United States.) If YES is marked below, complete and attach Form 4224.
Is income effectively connected with business in the United States? _____ **YES** _____ **NO**

8 - **NONRESIDENT ALIEN** (An individual temporarily in the U.S. who is not a U.S. citizen or resident)

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Thomas L. Gaudet — **SIGNATURE**

9-01-01 — **DATE**

954) 462 6000 — **TELEPHONE NUMBER**

President / CEO — **TITLE**