

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007321

1. Entity Name

TECHNOLOGY FORUM OF SOUTH FLORIDA INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90090 032 ****61.25

Principal Place of Business

Mailing Address

**5582 MARBELLA DRIVE
 BOCA RATON FL 33433**

**P.O. BOX 4458
 DEERFIELD BEACH FL 33442**

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICE, INC.
 350 EAST LAS OLAS BLVD.
 SUITE 1600
 FORT LAUDERDALE FL 33301**

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.

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	President (P)	<input type="checkbox"/> Delete
NAME	Ms. Margaret Grisdela	
STREET ADDRESS	PO BOX 4458	
CITY-ST-ZIP	Deerfield Beach, FL 33442-4458	
TITLE	Treasurer (T)	<input type="checkbox"/> Delete
NAME	Mr. August A Smith - KPMG/Jeanne Prayther	
STREET ADDRESS	One Biscayne Tower Two Biscayne Blvd	
CITY-ST-ZIP	Miami FL 33014	
TITLE	Board member (B)	<input type="checkbox"/> Delete
NAME	Mr. Thomas Patterson Director of TAX	
STREET ADDRESS	6400 NW 6th Way	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	Board member (B)	<input type="checkbox"/> Delete
NAME	Mr Scott Brinker 1-on Interactive	
STREET ADDRESS	129 Palmetto Park Rd	
CITY-ST-ZIP	Boca Raton, FL 33432	
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
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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 all other like empowered.

SIGNATURE:

Signature NOT REQUIRED

4/20/00

954-462-4798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)