

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90017 012 ****61.25

0044271

DOCUMENT # 761431

1. Entity Name

JOCKEY CLUB III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD
MIAMI FL 33181
US

11111 BISCAYNE BLVD
MIAMI FL 33181
US

00037783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2157365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PD
ROSENBLUTH, MORTON
11111 BISCAYNE BLVD.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

BM
KAYE, BRUCE
11111 BISCAYNE BLVD.
MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

SD
SHULL, CLAIR
11111 BISCAYNE BLVD.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

T
STEINBERG, MILTON
11111 BISCAYNE BLVD
MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

VD
DONOFF, RICHARD
11111 BISCAYNE BLVD
MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

BM
HEARD, THOMAS
11111 BISCAYNE BLVD
MIAMI FL 33181

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

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

(305) 891-1804

Date

Daytime Phone #

CR2E037 (10/00)