

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90014 003 ****61.25

0027468

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**

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

59-2157365

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

**REINHARD, SANFORD N
2875 NE 191ST ST.
SUITE 404
NORTH MIAMI BEACH FL 33180**

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

TITLE **PD** ☐ Delete
NAME **ROSENBLUTH, MORTON**
STREET ADDRESS **11111 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **BM** ☐ Delete
NAME **KAYE, BRUCE**
STREET ADDRESS **11111 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI-FL 33181**

TITLE **SD** ☐ Delete
NAME **SHULL, CLAIR**
STREET ADDRESS **11111 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
NAME **STEINBERG, MILTON**
STREET ADDRESS **11111 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **VD** ☐ Delete
NAME **DONOFF, RICHARD**
STREET ADDRESS **11111 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **BM** ☐ Delete
NAME **HEARD, THOMAS**
STREET ADDRESS **11111 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33181**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BM** ☐ Change ☒ Addition
NAME **THOR HALVORSEN**
STREET ADDRESS **11111 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33181**

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02 305-891-1804

CR2E037 (9/01)