

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 034 ****61.25

DOCUMENT # 761431 1. Entity Name JOCKEY CLUB III ASSOCIATION, INC.					
Principal Place of Business 11111 BISCAYNE BLVD MIAMI, FL 33181 US			Mailing Address 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		Country		4. FEI Number 59-2157365	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DONOFF, RICHARD 11111 BISCAYNE BLVD. MIAMI, FL 33181	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARD, THOMAS 11111 BISCAYNE BLVD. MIAMI, FL 33181	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Heard, Thomas 11111 Biscayne Blvd Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHULL, CLAIR 11111 BISCAYNE BLVD. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINBERG, MILTON 11111 BISACYNE BLVD MIAMI, FL 33181	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MEDINA, ALEX 11111 BISCAYNE BLVD MIAMI, FL 33181	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Medina, Alex 11111 Biscayne Blvd Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-29-04 Daytime Phone #		