

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90118 045 ****61.25

DOCUMENT # 768996

1. Entity Name

FLORIDA SKI COUNCIL, INC.



Principal Place of Business

Mailing Address

~~400 BIMINI LANE~~ **1251 MARIOLA CT**
~~INDIAN HARBOUR BEACH FL 32937~~ **CORAL GABLES, FL 33134**
~~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 **59-2297453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

NICHOLAS, JAMES M.
525 ISLAND COURT
INDIAN HARBOUR BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP - TRIPS	<input type="checkbox"/> Delete
NAME	KENDALL, ROBERT	
STREET ADDRESS	5061 RUGBY DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	DP Past President	<input type="checkbox"/> Delete
NAME	RHAWN, WILLIAM	
STREET ADDRESS	5229 SHADOWLAWN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP Dir of Bids	<input type="checkbox"/> Delete
NAME	NICHOLAS, JIM	
STREET ADDRESS	525 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	DP VP- ON MOUNTAIN	<input type="checkbox"/> Delete
NAME	HAMMER, JULIE	
STREET ADDRESS	498 BIMINI LANE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32836	
TITLE	DVP PRESIDENT	<input type="checkbox"/> Delete
NAME	MILLER, KIM	
STREET ADDRESS	1579 GOLFSIDE DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DP TREASURER	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, MICHELLE	
STREET ADDRESS	1251 MARIOLA COURT	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	DIANE PERVY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9700 Shadowwood Dr.	
STREET ADDRESS	PENSACOLA, FL 32514	
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
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
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:

REMI MOSKOWITZ

1/26/03

305-666-6404

CR2E037 (10/02)