

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720111

1. Entity Name
FLORIDA GOLDCOAST CHAPTER OF THE 99'S, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90004 008 ****61.25

Principal Place of Business 100 SE 2ND ST 17TH FLOOR INTERNATIONAL PLACE MIAMI FL 33131-1101 US	Mailing Address 100 SE 2ND ST 17TH FLOOR INTERNATIONAL PLACE MIAMI FL 33131-1101 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1320 So. Dixie Highway	3. Mailing Address 1320 So. Dixie Highway
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Suite, Apt. #, etc. Gables One Tower, PH#1275	Suite, Apt. #, etc. Gables One Tower, PH#1275
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City & State Coral Gables, Fla.	City & State Coral Gables, Fla.
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4. FEJ Number 59-6496180	Applied For <input type="checkbox"/> Not Applicable
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Zip 33146	Country Dade	Zip 33146	Country Dade
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KELSO, JOHN
100 SE 2ND ST., 17TH FLOOR
INTERNATIONAL PLACE
MIAMI FL FL 33131

7. Name and Address of New Registered Agent
Name **John Kelso**
Street Address (P.O. Box Number is Not Acceptable)
~~Gables One Tower, PH#1275~~
1320 So. Dixie Highway
City **Coral Gables** **FL** Zip Code **33146**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD HOUSEHOLDER, LAURIE 20430 MARLIN ROAD MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTNOY, JUDITH 10179 SW 127TH ST MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILTSIE, VICTORIA 12605 SW 71 AVE MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICHTIGER, BARBARA 3475 S MOORINGS WAY COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Judith Portnoy* **Judith Portnoy, Treasurer** July 14, 2000 (305) 251-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)