FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(7)

THE ORANGE BOWL COMMITTEE, INC.

Secretary of State A KRANN KRAND NKOK BOTON KIORA NINKI NUNT ONDIN OKANI DIGUK ANDIN OTDIN OKANI DOBA

FILED

Mar 06 1998 8:00am

Dringing Diag	o of Business	Mailing Address			
Principal Place of Business Mailing Address					
601 BRICKELL KEY DR. STE 206		601 BRICKELL KEY DR. STE 206			3. Date Incorporated or Qualified
MIAMI FL 33131		MIAMI FL 33131			01/28/1971
					4. FEI Number Applied For
					59-0384382 Not Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	# ptc	Suite, Apt. #, etc.			Fee Required
22	#, 6 10.	27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country	Zip	Cour	try	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
]'	81 Nar	ame
TRIBBLE,			Ī	32 Stre	treet Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DR, STE 206 MIAMI FL 33131			h	33	
MIAMI FL	. 33131		L		
			'	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	Agent signi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T(T)	.E	P Addition
NAME	PANTIN, LESLIE V		1,2 NA	AE	DOTSON, ALBERT E
STREET ADDRESS	1000 BUCKELL AVE STE 340	1	1.3 STR	EET ADDRE	
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-ZIP	
TITLE	TD	DELETE	2.1 TIT		VD XX Change ☐ Addition
NAME	ELLYSON, ROBERT C		2.2 NA	Æ	JONES, EDGAR C
STREET ADDRESS	601 BRICKELL KEY DRIVE, S	UITE 206	2.3 STF	EET ADDRE	RESS 1200 BRICKELL AVENUE, 15TH FLOOR
CITY-ST-ZIP	MIAMI FL		2. 4 CII	Y-\$T- Z IP	MIAMI, FL 33131
TITLE	VO	XX DELETE	3.1 T(T)	.E	VD Change Addition
NAME	Dotson, Albert		3.2 NA	AE	HUDSON, SHERRILL W
STREET ADDRESS	17901 SW 78TH AVE.		3.3 STF	EET ADDRE	AESS 100 S.E. SECOND ST., SUITE 2500
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP	
TATLE	VD	XX DELETE	4.1 TITI	E	TD Change XX Addition
NAME	PANTIN, LESLIE V		4. 2 NA	ME	MYERS, WILLIAM R
STREET ADDRESS	1000 BRICKELL AVE., STE. 3	40	4.3 STF	EET ADDRE	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	MIAMI FL 33131		4.4 CIT	Y-ST-ZIP	MIAMI, FL 33131
TITLE	VD	XX DELETE	5.1 TITI	E	SD Change Addition
NAME	Jones, edgar C Jr.		5.2 NA	NE	SCRUGGS, FRANK
STREET ADDRESS	201 S. BISCAYNE BLVD., STI	E. 3180	5.3 STF	EET ADDRE	RESS 515 E. LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP	MIAMI FL 33131		5.4 CIT	Y-\$T-ZIP	FT. LAUDERDALE, FL 33301
TITLE	S	☐ DELETE	6.1 111	Æ	VD XX Change Addition
NAME	Norton, Susan Potter		6.2 NAI	ME	
STREET ADDRESS	121 MAJORCA AVE		6.3 STF	EET ADDRE	RESS
CITY-ST-ZIP	CORAL GABLES FL 33134		6.4 CIT	Y-ST-ZIP	P

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 Informatio indicated on this annual roport or supplemental annual 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 fusite empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

