

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **734173**

1. Entity Name

**FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90149 037 \*\*\*\*61.25

Principal Place of Business <b>1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS FL 33154-2013</b>	Mailing Address <b>1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS FL 33154-2013</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-0774028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**COHN, PETER H.  
1100 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

**ATE**

**7. Name and Address of New Registered Agent**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LADERMAN, LORRAINE</b>	
STREET ADDRESS	<b>1100 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CAVALLO, MICHAEL JR.</b>	
STREET ADDRESS	<b>1100 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENTHAL, MURRAY</b>	
STREET ADDRESS	<b>1100 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLES FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COHN, PETER</b>	
STREET ADDRESS	<b>1100 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLES FL00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 I am empowered.

SIGNATURE: *Peter Cohn* **Chamber of Commerce** 4-20-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)