

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90047 046 ****61.25

DOCUMENT # 734173

1. Entity Name

FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**1100 KANE CONCOURSE
 SUITE 210
 BAYHARBOR ISLANDS FL 33154-2013**

**1100 KANE CONCOURSE
 SUITE 210
 BAYHARBOR ISLANDS FL 33154-2013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0774028

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **VD** Delete
 NAME **LADERMAN, LORRAINE**
 STREET ADDRESS **1100 KANE CONCOURSE**
 CITY-ST-ZIP **BAY HARBOR ISLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CAVALLO, MICHAEL JR.**
 STREET ADDRESS **1100 KANE CONCOURSE**
 CITY-ST-ZIP **BAY HARBOR ISLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **COHN, PETER**
 STREET ADDRESS **1100 KANE CONCOURSE**
 CITY-ST-ZIP **BAY HARBOR ISLES FL00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KOTLER, HELEN**
 STREET ADDRESS **9585 HARDING AVENUE**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Peter H. Cohn
PETER H. COHN

Feb. 24, 2002

305-866-6020

CR2E037 (9/01)