

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90068 008 \*\*\*\*61.25

**DOCUMENT # 734173**



1. Entity Name  
**FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.**

Principal Place of Business  
**1100 KANE CONCOURSE  
SUITE 210  
BAYHARBOR ISLANDS FL 33154-2013**

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<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>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 FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOTLER, HELEN</b>	
STREET ADDRESS	<b>9585 HARDING AVENUE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</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		
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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 like empowered.

SIGNATURE: Peter Cohn **PETER COHN** *Pres. Chamber* **Jan. 6, 2003** **305-866-6020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)