

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90025 033 \*\*\*\*61.25

**DOCUMENT # N00410**

**1. Entity Name**  
**GREATER MIAMI CONVENTION AND VISITORS BUREAU, INC.**



**Principal Place of Business**  
701 BRICKELL AVE  
SUITE 2700  
MIAMI, FL 33131

**Mailing Address**  
701 BRICKELL AVE  
SUITE 2700  
MIAMI, FL 33131

**14000018**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
59-2383735

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

DOUGHERTY, LUCIA A. ESQ  
1221 BRICKELL AVE  
MIAMI, FL 33131

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**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**

**TITLE** C ☒ Delete  
**NAME** GOLDMAN, TONY  
**STREET ADDRESS** 640 OCEAN DRIVE  
**CITY-ST-ZIP** MIAMI BEACH, FL 33139

**TITLE** S ☒ Delete  
**NAME** CHIGOY, TOM  
**STREET ADDRESS** 4883 COLLINS AVE  
**CITY-ST-ZIP** MIAMI BEACH, FL 33139

**TITLE** T ☒ Delete  
**NAME** HICKS, ELIZABETH  
**STREET ADDRESS** 200 S. BISCAYNE BLVD SUITE 4650  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** D ☒ Delete  
**NAME** DONAHUE, PEBBLES R  
**STREET ADDRESS** 100 S.E. 2ND ST SUITE 4650  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** P ☐ Delete  
**NAME** WILLIAM, TALBERT D III  
**STREET ADDRESS** 701 BRICKELL AVE SUITE 2700  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** D ☐ Delete  
**NAME** SASTRE, MARIA  
**STREET ADDRESS** 1050 CARIBBEAN WAY  
**CITY-ST-ZIP** MIAMI, FL 33132

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

**TITLE** T ☐ Change ☒ Addition  
**NAME** Hall, John  
**STREET ADDRESS** 801 Brickell Ave. Suite 900  
**CITY-ST-ZIP** Miami, FL 33131

**TITLE** S ☐ Change ☒ Addition  
**NAME** Palmer, Ana  
**STREET ADDRESS** 6619 South Dixie Hwy. Suite 381  
**CITY-ST-ZIP** Miami, FL 33143

**TITLE** D ☐ Change ☒ Addition  
**NAME** Prescott, Gepe  
**STREET ADDRESS** 1200 Anastasia Ave  
**CITY-ST-ZIP** Coral Gables, FL 33134

**TITLE** C ☐ Change ☒ Addition  
**NAME** Peebles, Donahue  
**STREET ADDRESS** 500 Biltmore Way, Suite 970  
**CITY-ST-ZIP** Coral Gables, FL 33134

**TITLE** ☐ Change ☐ Addition  
**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:**

*William D. Talbert III*

*William D. Talbert III*

*3/3/04*

*305-539-3082*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #