

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12510

1. Entity Name

LOUIS WOLFSON II MEDIA HISTORY CENTER, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90023 006 ****61.25

Principal Place of Business Mailing Address
MIAMI DADE PUBLIC LIBRARY MIAMI DADE PUBLIC LIBRARY
101 WEST FLAGLER STREET 101 WEST FLAGLER STREET
MIAMI FL 33130 MIAMI FL 33130-1504

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2666628

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 VP ☐ Delete
NAME PELTON, MARGARET
STREET ADDRESS 101 WEST FLAGLER ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CRAVEN, SONNY
STREET ADDRESS 11380 NW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ Change ☒ Addition
NAME Chauncey, Don
STREET ADDRESS 101 West Flagler Street
CITY-ST-ZIP Miami, FL 33130

TITLE D ☐ Delete
NAME BROWN, WILLIAM
STREET ADDRESS UNIVERSITY OF MIAMI
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOLFSON, LYNN
STREET ADDRESS 5050 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ABRELL, JOE
STREET ADDRESS 536 HARDEE ROAD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GEORGE, PAUL
STREET ADDRESS 300 NE 2ND AVE
CITY-ST-ZIP MIAMI FL

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

(305) 237-3723
Daytime Phone #

CR2E037 (9/99)