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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13013

1. Corporation Name

SOUTH FLORIDA PRESS CLUB, INC.

Principal Place of Business

555 N.E. 15TH ST. 25-K
MIAMI FL 33132-8405

Mailing Address

555 N.E. 15TH ST. 25-K
MIAMI FL 33132-8405



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/17/1986

4. FEI Number

59-2636119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROSENTHAL, ALAN, ESQ.

100 S.E. 2ND STREET, SUITE 2300

MIAMI FL 33131-9400

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd, 20th Floor

83

84 City Miami

FL

85 Zip Code

33131-A

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME LEVITT, RON-

STREET ADDRESS 141 SOVILLA AVE

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME NEUMAN, SUSAN

STREET ADDRESS 555 N.E. 15TH ST. 25-K

CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME DIAMOND, HINDI

STREET ADDRESS 671 N.E. 195 ST. #321

CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME BILL WHITING

STREET ADDRESS 1 HERALD PLAZA

CITY-ST-ZIP MIAMI FL

TITLE TD ☒ DELETE

NAME LORBER, CHARLOTTE

STREET ADDRESS 426 HARDEE RD

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Secretary

JEFF HARWOOD

770 NB 128TH ST

N. MIAMI, FL 33161

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
Andy Alpers

8415 SW 107 AVE. #214

MIAMI, FL 33173

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1/20/99

Date

305-372-9966

Daytime Phone #

CR2E037 (11/98)