

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90039-003-\$61.25-\$61.25

DOCUMENT # N13013

1. Entity Name

SOUTH FLORIDA PRESS CLUB, INC.

Principal Place of Business

Mailing Address

555 N.E. 15TH ST. 25-K
MIAMI FL 33132-8406

555 N.E. 15TH ST. 25-K
MIAMI FL 33132-1404

FILED

00 MAR 30 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2636119

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

Name

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

City

FL

Zip Code

ROSENTHAL, ALAN, ESQ.
200 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131-A

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	S	<input checked="" type="checkbox"/> Delete
NAME	NORWOOD, JEFF	
STREET ADDRESS	770 N.E. 128TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEUMAN, SUSAN	
STREET ADDRESS	555 N.E. 15TH ST. 25-K	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIAMOND, HINDI	
STREET ADDRESS	671 N.E. 195 ST. #321	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BILL WHITING	
STREET ADDRESS	1 HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALPERS, ANDY	
STREET ADDRESS	8415 S.W. 107TH AVENUE, B114	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY SHAW SULLIVAN	
STREET ADDRESS	3910 UTOPIA CT.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON LEVITT	
STREET ADDRESS	141 SEVILLA AVE	
CITY-ST-ZIP	COVINGTON, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/00 305-596-4228

CR2E037 (9/99)