2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13013 1. Entity Name

SOUTH FLORIDA PRESS CLUB, INC.

FILED Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90137 016 ****61.25

Principal Place of Business Mailing Address							_					
555' N.E. 15TH ST. 25-K MIAMI FL 33132-8405			555 N.E. 15TH ST. 25-K MIAMI FL 33132-8405						UU.	ւթու	งจ	
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2. Principal Place of Business				ailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	DO NOT WRITE IN THIS SPACE				
City & State			City & State									
							4. FEI Number 59-2636119 Applied For Not Applicable					
Zip Country		Country	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Age				red Agent	· · · · ·		7. Name and Ad	droop of Now Be			160	
	<u></u>					Name	. It Hame and Ad	JIESS OI NEW ME	gistered	Agent	-	
DOOFNE	FILAL ALAN 500					Otro at Anti-	/D.O. D					
ROSENTHAL, ALAN, ESQ. 200 S. BISCAYNE BLVD., 20TH FLOOR					i	Street Addre	ss (P.O. Box Number is	Not Acceptable)				
	L 33131-A	20111120011										
					i	City			FL	Zip Co	de	
8. The abor	ve named entity sul pations of registered	omits this statement for	the pur	pose of changing its	registere	d office or regi	stered agent, or both, in	the State of Flori	ida. I am	amiliar witi	n, and accept	
and oblig	janons of registered	agent.									, ,	
SIGNATURE	F											
5.0.0		nted name of registered agent ar	nd title if ap	plicable. (NOTE	: Registered	Agent signature req	uired when reinstating)		DATE			
	7				-			<u> </u>		<u></u>		
•	After September 13, 2002, Smin. will be \$236.25.			9. Election Cam Trust Fund C	ıpaign Fi ontributio	nancing on.	\$5.00 May Be Added to Fees			Payable		
10.		OFFICERS AND DIRE	CTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS	S AND DIE	ECTORE	N 10	
TITLE	D Del			☐ Delete	Delete TITLE		7.25.77.67.70.77.77.77	LO TO OIT TOLITE	3 AIND DIF	☐ Change	Addition	
NAME	SULLIVAN, JO				NAME							
STREET ADDRESS CITY-ST-ZIP	10010 0101 14	* *				T ADDRESS						
	MIAMI FL 3313	33			CITY-	ST-ZIP						
TITLE NAME	D NEUMAN, SUS	: AAI		Delete	TITLE					☐ Change	Addition	
STREET ADDRESS					NAME							
CITY-ST-ZIP -	MIAMI FL				CITY-S	FADDRESS						
TITLE	D		-	- Delete)1-ZH			<u>-</u>	<u> </u>		
NAME	DIAMOND, HIN	IDI		Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	MIAMI FL				CITY-S							
TITLE	PD	·		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	LEVITT, RON				NAME					— спануе	Addition	
Street Address City-St-Zip		\/E			CTDEET	4000000						
	I IT OCTION Y				SINCE	ADDRESS						
	CORAL GABLE		*****		CITY-S							
TITLE	CORAL GABLE	S FL 33134		☐ Delete					- .	☐ Change	☐ Addition	
TITLE	CORAL GABLE TD ALPERS, ANDY	S FL 33134		☐ Delete	CITY-S TITLE NAME	T-ZIP		<u></u>	_	Change	☐ Addition	
TITLE NAME STREET ADDRESS	CORAL GABLE TD ALPERS, ANDY 8415 S.W. 107	S FL 33134 TH AVENUE, B114	***************************************	☐ Delete	CITY-S TITLE NAME STREET	T-ZIP ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLE TD ALPERS, ANDY 8415 S.W. 107 MIAMI FL 3317	S FL 33134 TH AVENUE, B114			CITY-S TITLE NAME STREET CITY-S	T-ZIP ADDRESS			* {	☐ Change	☐ Addition	
TITLE VAME STREET ADDRESS SITY-ST-ZIP	CORAL GABLE TD ALPERS, ANDY 8415 S.W. 107 MIAMI FL 3317 SD	S FL 33134 TH AVENUE, B114 3		Delete	CITY-S TITLE NAME STREET CITY-S TITLE	T-ZIP ADDRESS		<u>i i i vije</u> i	.*£, s	☐ Change	Addition	
TITLE VAME STREET ADDRESS SITY-SY-ZIP TITLE HAME	CORAL GABLE TD ALPERS, ANDY 8415 S.W. 107 MIAMI FL 3317 SD GOODWIN, DA	S FL 33134 TH AVENUE, B114 3			CITY-S TITLE NAME STREET CITY-S TITLE NAME	T-ZIP ADDRESS T-ZIP		· · · · · · · · · · · · · · · · · · ·	.*£, s	ş. '		
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Interest 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

SIGNATURE:

utivo Derector 1/12/2 372-9966

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