

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24804

FILED  
Jan 19, 2011  
Secretary of State

**Entity Name:** HALL OF FAME COMMITTEE OF UM, INC.

**Current Principal Place of Business:**

U OF MIAMI, SPORTS HALL OF FAME  
5821 SAN AMARO DR  
CORAL GABLES, FL 33124

**New Principal Place of Business:**

**Current Mailing Address:**

5975 SUNSET DRIVE  
703  
S. MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0124730      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBINOFF, EDWARD  
PREDDY, KUTNER, HARDY, RUBINOFF ET AL  
501 N.E. FIRST AVE.  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: STRONGIN, EDWARD A  
Address: 1001 BRICKELL BAY DR. SUITE 1400  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: LANCASTER, KENNETH  
Address: 5975 SUNSET DRIVE. SUITE 703  
City-St-Zip: S. MIAMI, FL 33143

Title: D  
Name: ROUTH, JOHN  
Address: 8065 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

Title: D  
Name: APPLEBAUM-STEINBAUER, JODI  
Address: 5598 NW 102 PLACE  
City-St-Zip: MIAMI, FL 33178

Title: PD  
Name: ROY, TOD  
Address: 12982 SW 89 AVE  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH G. LANCASTER

D

01/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date