

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26717

1. Entity Name

BRICKELL AREA ASSOCIATION, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90084 011 ****61.25

Principal Place of Business

600
430 BRICKELL AVE
SUITE 800
MIAMI FL 33131
US

Mailing Address

600
430 BRICKELL AVE
SUITE 800
MIAMI FL 33131
US

2. Principal Place of Business

600 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI FL

Zip

33131

Country

MIAMI-DADE

3. Mailing Address

600 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI FL

Zip

33131

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0077257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, THOMAS
TAYLOR & MATHIS
777 BRICKELL AVE., SUITE 610
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Wayne E. Stringer

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

600 Brickell Ave., Suite 800

City

miami

FL

33131

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLZBERG, JOHN 1177 KANE CONCOURSE BAY HARBOR FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHIPPLE, JEAN 520 BRICKELL KEY MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, J. MEGAN 501 BRICKELL KEY DR #102 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIETJEN, EDWARD 18500 SW 78TH PLACE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, THOMAS 777 BRICKELL AVE., SUITE 610 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wayne E. Stringer 600 Brickell Ave., Suite 800 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard Gonzales 160 S.E. 2nd St., 14th FL MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #

4-9-01 (305) 358-9807

CR2E037 (10/00)