

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # *N27875*

1. Corporation Name

FLORIDA BREEDERS' CUP COMMITTEE, INC.

Principal Place of Business

Mailing Address

*1040 Bayview Drive
Suite 330*

*1040 Bayview Dr.
Suite 330*

Ft. LAUDERDALE, FLA 33304

Ft. LAUDERDALE, FL 33304

3. Date Incorporated or Qualified

8/17/88

3a. Date of Last Report

7/20/95

2. Principal Place of Business

2a. Mailing Address

21 1040 Bayview DR

26 1040 Bayview DR.

4. FEI Number

65-0101439

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*NATIONAL REGISTERED AGENTS, INC.
C/O PATTON, Boggs, Dixon
501 BRICKELL AVE Drive Suite 200
MIAMI, FLA 33131*

81. Name

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

83.

84. City

FL

85. Zip Code

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 *EXECUTIVE DIRECTOR* ☐ DELETE

NAME *CHARLES S. FRENTZ*
STREET ADDRESS *1040 BAYVIEW DR. Suite 330*
CITY-ST-ZIP *FT. LAUDERDALE, FLA 33304*

TITLE *DIRECTOR* ☒ DELETE

NAME *HUGH GENTRY*
STREET ADDRESS *701 BRICKELL AVE*
CITY-ST-ZIP *MIAMI, FLA 33131*

TITLE *DIRECTOR* ☐ DELETE

NAME *BERNARD BUDD*
STREET ADDRESS *200 S. PARK RD Suite 200*
CITY-ST-ZIP *HOLLYWOOD, FLA 33021*

TITLE *DIRECTOR* ☐ DELETE

NAME *TOM WOOD SR.*
STREET ADDRESS *4665 PONCE DE LEON DR.*
CITY-ST-ZIP *CORAL GABLES, FLA 33146*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *DIRECTOR* ☐ Change ☒ Addition

1.2 NAME *JAMES GARVER*

1.3 STREET ADDRESS *200 E. LAS OLAS BLVD. Suite 1850*

1.4 CITY-ST-ZIP *FT. LAUDERDALE, FLA 33301*

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Charles S. Frentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES S. FRENTZ

Date

Daytime Phone #

4/19/96 (954) 647-7667
56-41-25-96

CR2E037 (12/95)