

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27875**

1. Corporation Name

**FLORIDA BREEDERS' CUP COMMITTEE, INC.**

Principal Place of Business

~~1901 HARRISON STREET~~  
~~HOLLYWOOD FL 33020~~

Mailing Address

~~PO BOX 1040~~  
~~HOLLYWOOD FL 33022~~

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90097 009 \*\*\*\*61.25



2. Principal Place of Business

**21** 10170 Pines Blvd.

Suite, Apt. #, etc.

**22** Suite 302

City & State

**23** Pembroke Pines, FL

Zip

**24** 33029

Country

**25** Broward

2a. Mailing Address

**26** 10170 Pines Blvd.

Suite, Apt. #, etc.

**27** Suite 302

City & State

**28** Pembroke Pines, FL

Zip

**29** 33029

Country

**30** Broward

3. Date Incorporated or Qualified

**08/15/1988**

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

9. Name and Address of Current Registered Agent

**ROMANIK, DAVID S**

~~1901 HARRISON STREET~~

~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

**81** Name

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

10170 Pines Boulevard

**83**

Suite 302

**84** City

Pembroke Pines

**FL**

**85** Zip Code

33029

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

*David S. Romanik*

*Director/Registered Agent*

DATE

*1/6/99*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EXD**  
**GUSTAFSON, JOEL K.**  
**1 EAST BROWARD BLVD., SUITE 1300**  
**FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BARRETO, RODNEY**  
**235 CATALONIA AVENUE**  
**CORAL GABLES FL 33134-6704**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ROMANIK, DAVID S.**  
~~1901 HARRISON STREET~~  
~~HOLLYWOOD FL 33020~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

10170 Pines Boulevard, Suite 302  
Pembroke Pines, FL 33029

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 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 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, with all other like empowered.

SIGNATURE:

*David S. Romanik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/99*

Date

*954 441 4441*  
Daytime Phone #

CR2E037 (11/98)

0084735