

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90348 019 \*\*\*\*61.25

**DOCUMENT # N43898**  
 1. Entity Name  
**FLORIDA ADVERTISING GOLF ASSOCIATION, INC.**

Principal Place of Business 1085 PAPAYA STREET HOLLYWOOD FL 33019 US	Mailing Address 1085 PAPAYA STREET HOLLYWOOD FL 33019 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0273994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROTHCHILD, HOWARD**  
**1085 PAPAYA STREET**  
**HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <b>SCHULWOLF, FRANK</b> <b>524 HARDEE RD</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TOBIAS, IVAN</b> <b>999 PONCE DE LEON BLVD. STE 550</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HACKNEY, KERRY</b> <b>8809 NW 66TH ST</b> <b>MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ROTHCHILD, HOWARD</b> <b>1085 PAPAYA STREET</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BURTON, JEFF</b> <b>1438 HARRISON ST</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUBIN, ANDREW</b> <b>825 ALMERIA AVE</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard Rothchild* **2-28-01** **954-920-0018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)