

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51036

1. Entity Name

SOUTH FLORIDA FRIENDS OF JAZZ, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90173 005 ****61.25

Principal Place of Business

3851 NO 31 TERR
HOLLYWOOD FL 33021
US

Mailing Address

3230 STIRLING ROAD
SUITE 1A
HOLLYWOOD FL 33021-2041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0362690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, ALAN B.
3230 STIRLING ROAD
SUITE 1A
HOLLYWOOD FL 33021

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JOEL A. MD	
STREET ADDRESS	3851 N 31 TER	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEBER, RONALD B. M.D.	
STREET ADDRESS	10885 NW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SEROTTA, RICHARD	
STREET ADDRESS	12390 NE 13TH PLACE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, RALPH	
STREET ADDRESS	20160 NE 3RD COURT, #2	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ronald B. Weber, MD* *2-8100 (954) 236-0175*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)