

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90018 031 ****61.25

DOCUMENT # N95000002727 (4)

1. Corporation Name

MIAMI ISLANDERS SPORTS & CULTURAL CLUB, INC.

553014-90018-31

Principal Place of Business

Mailing Address

**1301 N.W. 133RD STREET
MIAMI, FLORIDA 33167**

**1301 N.W. 133RD STREET
MIAMI, FLORIDA 33167**

2. Principal Place of Business

2a. Mailing Address

21 **1301 N.W. 133RD STREET**

26 **1301 N.W. 133RD STREET**

3. Date Incorporated or Qualified

06/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0588960

Applied For.

Not Applicable

City & State

23 **MIAMI, FLORIDA**

City & State

28 **MIAMI, FLORIDA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

24 **33167**

25

29 **33167**

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDRE MCFARLANE
13550 SOUTH BISCAYNE DRIVE
MIAMI, FLORIDA 33161**

81 Name **PATRICK R. CAMPBELL**

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

1301 N.W. 133RD STREET

83

84 City **MIAMI**

FL

85 Zip Code
33167

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

Patrick R. Campbell President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> DELETE |
| NAME | MCFARLANE, ANDRE | |
| STREET ADDRESS | 13550 SOUTH BISCAYNE DRIVE | |
| CITY-ST-ZIP | MIAMI, FL 33161 | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> DELETE |
| NAME | ATKINS, PETER | |
| STREET ADDRESS | 367 ANSIN BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE |
| NAME | HENRY, RICHARD | |
| STREET ADDRESS | 16823 N.W. 53RD AVENUE | |
| CITY-ST-ZIP | MIAMI, FL 33055 | |
| TITLE | SECRETARY | <input type="checkbox"/> DELETE |
| NAME | MAXWELL, DIONNE | |
| STREET ADDRESS | 13101 N.E. 6TH AVENUE #210 | |
| CITY-ST-ZIP | NORTH MIAMI, FL 33162 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CAMPBELL, PATRICK | |
| 1.3 STREET ADDRESS | 1301 N.W. 133RD STREET | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33167 | |
| 2.1 TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ROSTON, AUDIN | |
| 2.3 STREET ADDRESS | 151 N.E. 10TH AVENUE | |
| 2.4 CITY-ST-ZIP | MIAMI, FL 33162 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Patrick R. Campbell President

Date

Daytime Phone #

CR2E037 (11/98)