

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90028 002 ****70.00

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1. Entity Name

THE SOUTH FLORIDA TOURISM COUNCIL, INC.



Principal Place of Business

419 FT LAUDERDALE
FORT LAUDERDALE FL 33316
US

Mailing Address

419 FT LAUDERDALE
SUITE 212A
FORT LAUDERDALE FL 33316
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

65-0604521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEHL, RALPH
101 N. RIVERSIDE DR
SUITE 212A
POMPANO BEACH FL 33062

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RIEHL, RALPH
STREET ADDRESS 3321 E. OAKLAND PARK BLVD., SUITE 321
CITY-ST-ZIP FT. LAUDERDALE FL 33008

TITLE DVP ☐ Delete
NAME GLASER, GREG
STREET ADDRESS 13 N. POMPANO BEACH BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DV ☐ Delete
NAME OLSEN, GUS III
STREET ADDRESS 300 E. SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE DVT ☐ Delete
NAME SKUDA, DANE
STREET ADDRESS 101 N. RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Riehl

3/29/04

954-522-1770

Date

Daytime Phone #