

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003512

1. Entity Name

SAVE FISHER ISLAND COMMITTEE, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 041 ****61.25

Principal Place of Business Mailing Address
C/O JORGE E. REYNARDUS, HOLLAND & KNIGHT C/O JORGE E. REYNARDUS, HOLLAND & KNIGHT
701 BRICKELL AVE., STE. 3000 701 BRICKELL AVE., STE. 3000
MIAMI FL 33131 MIAMI FL 33131-2847

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 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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

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 D ☒ Delete
NAME PINES, ISIDORE
STREET ADDRESS 7272 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109

TITLE D ☐ Change ☒ Addition
NAME PINES, CRAIG
STREET ADDRESS 701 Brickell Ave., Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE D ☒ Delete
NAME PINES, MAXINE
STREET ADDRESS 7272 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109

TITLE D ☐ Change ☒ Addition
NAME WOLF, ALLISON
STREET ADDRESS 701 Brickell Ave., Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE D ☐ Delete
NAME PINES, TODD
STREET ADDRESS 7272 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109

TITLE D ☒ Change ☐ Addition
NAME PINES, TODD
STREET ADDRESS 701 Brickell Ave., Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Todd Pines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 516-773-6200 Ext. 10

Date

Daytime Phone #

CR2E037 (9/99)