

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003705

1. Entity Name

IMMERSE YOURSELF IN CELEBRATION, INC.

Principal Place of Business

1850 Eller Dr., Suite 303  
Fort Lauderdale, FL 33316

Mailing Address

1500 N. Federal Hwy.  
Suite 200  
Fort Laud., FL 33304

2. Principal Place of Business

1500 N. Fed. Hwy.  
Suite, Apt. #, etc.  
200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number

65-0932211

Applied For

Not Applicable

Zip

33304

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Jon M. Henning, Esq.  
Mastriana & Christiansen, P.A.  
1500 N. Federal Hwy., Suite 200  
Fort Lauderdale, FL 33304

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

*Jon Henning* Jon M. Henning

April 19, 2000

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

TITLE D  
NAME Kenny, Michael F. ☐ Delete  
STREET ADDRESS 1850 Eller Dr., Suite 303  
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE D  
NAME Nerenhausen, Mark ☐ Delete  
STREET ADDRESS 201 S.W. 5th Ave.  
CITY-ST-ZIP Fort Lauderdale, FL 33312

TITLE D  
NAME Becker, Janyce ☐ Delete  
STREET ADDRESS 1601 E. Hillsboro Blvd.  
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE D  
NAME Harleman, Kathleen ☐ Delete  
STREET ADDRESS One East Las Olas Blvd.  
CITY-ST-ZIP Fort Laud., FL 33301

TITLE D  
NAME Bagliebter, Tobie E. ☐ Delete  
STREET ADDRESS 2455 Hollywood Blvd., Ste. 114  
CITY-ST-ZIP Hollywood, FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D ☐ Change ☒ Addition  
NAME Kenny, Michael F.  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE T D ☐ Change ☒ Addition  
NAME Harleman, Kathleen  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S D ☐ Change ☒ Addition  
NAME Bagliebter, Tobie E.  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90136 004 \*\*\*\*61.25

B0088737

DO NOT WRITE IN THIS SPACE