

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003705**

1. Entity Name

IMMERSE YOURSELF IN CELEBRATION, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90226 036 ****61.25

Principal Place of Business

**1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33304**

Mailing Address

**1500 N. FED. HWY
STE 200
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0932211

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENNING, JON M ESQ.
MASTRIANA & CHRISTIANSEN, P.A.
1500 N. FEDERAL HWY., STE. 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

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**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 **PD** ☐ Delete
NAME **KENNY, MICHAEL F**
STREET ADDRESS **1850 ELLER DR., STE. 303**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**TITLE **D** ☐ Delete
NAME **NERENHAUSEN, MARK**
STREET ADDRESS **201 S.W. 5TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE **D** ☐ Delete
NAME **BECKER, JANYCE**
STREET ADDRESS **1601 E. HILLSBORO BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE **TD** ☐ Delete
NAME **HARLEMAN, KATHLEEN**
STREET ADDRESS **ONE E. LAS OLAS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE **SD** ☐ Delete
NAME **BAGLIEBTER, TOBIE E**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

Michael F. Kenny

Date

Daytime Phone #

CR2E037 (10/00)