

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007321

1. Entity Name

TECHNOLOGY FORUM OF SOUTH FLORIDA INC.

Principal Place of Business

5582 MARBELLA DRIVE
BOCA RATON FL 33433

Mailing Address

P.O. BOX 4458
DEERFIELD BEACH FL 33442

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

NOT APPLICABLE

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

AMERICAN INFORMATION SERVICE, INC.
350 EAST LAS OLAS BLVD.
SUITE 1600
FORT LAUDERDALE FL 33301

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
After September 12, 2001, min. will be \$236.25

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 *President / Director*
NAME GRISDELA, MARGARET
STREET ADDRESS P.O. BOX 4458
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE *Treasurer / Director*
NAME SMITH, AUGUST A
STREET ADDRESS ONE BISCAYNE TOWER TWO BISCAYNE BLVD.
CITY-ST-ZIP HIALEAH FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE *Director*
NAME PATTERSON, THOMAS
STREET ADDRESS 6400 NW 6 WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE *D*
NAME BRINKER, SCOTT
STREET ADDRESS 129 PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33432

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 Required* *Executive Director 8/8/01*

FILED
Aug 14, 2001 8:00 am
Secretary of State

05-01-2001 90089 024 ****61.25



DO NOT WRITE IN THIS SPACE