

2001 UNIFORM BUSINESS REPORT (UBR)

0183631

DOCUMENT # P93000081575

1. Entity Name
RAIL EVENTS, INC.

Principal Place of Business
**1390 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146
US**

Mailing Address
**1390 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146
US**

FILED

01 MAR 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0480292**

Applied For
Not Applicable

Zip Country

Zip Country

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

**A Z REGISTERED AGENT CORP
2601 SOUTH BAYSHORE DR
SUITE 1600
MIAMI FL 33133**

Name
DENNIS J. OLLIE, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
**2601 S. BAYSHORE DRIVE
SUITE 1600**
City **MIAMI** FL Zip Code **33133**

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 *Dennis J. Ollie* **DENNIS J. OLLIE** 3/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ NAME **DP HARPER, ALLEN C** ☐ Delete
STREET ADDRESS **1390 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ NAME **D, CEO** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME **S HARPER, CAROL E.** ☐ Delete
STREET ADDRESS **1390 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ NAME **VP, S, D** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME **JEFFREY JACKSON** ☐ Delete
STREET ADDRESS **1390 SO. DIXIE Hwy**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☒ NAME **D, P** ☒ Change ☐ Addition
STREET ADDRESS **600003992855-3**
CITY-ST-ZIP **-04/11/01--01107--016
****150.00 ****150.00**

TITLE ☐ NAME **SR. VP/D/CFO LORETTA A. MURPHY** ☐ Delete
STREET ADDRESS **1390 SO. DIXIE Hwy #1203**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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

TITLE ☐ NAME **VP PAUL SCHRANCK** ☐ Delete
STREET ADDRESS **479 MAIN**
CITY-ST-ZIP **DURANGO, CO**

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

TITLE ☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta A. Murphy* **Loretta A. Murphy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 305-667-0990
Date Daytime Phone #

CR2E034 (10/00)