

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006024

1. Entity Name

ISLAND GOVERNOR, INC.

Principal Place of Business

1330 OCEAN DRIVE
4TH FLOOR
MIAMI BEACH FL 33139

Mailing Address

1330 OCEAN DRIVE
4TH FLOOR
MIAMI BEACH FL 33139

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

65-0551895

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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 P
NAME HART, SUSAN WENDY
STREET ADDRESS 1330 OCEAN DR 4TH FL
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE DVP
NAME MESTEL, LAWRENCE
STREET ADDRESS 4 COLUMBUS CIR 5TH FL
CITY-ST-ZIP NEW YORK NY 10019 ☒ Delete

TITLE ST
NAME FRIEDMAN, MEG
STREET ADDRESS 4 COLUMBUS CIR 5TH FL
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

Daytime Phone #

APPROVED
AND
FILED

00 AUG 31 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)