

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90086 015 \*\*\*150.00

**DOCUMENT # P95000078338**

1. Entity Name

**FLORIDA TURF WRITERS/MEDIA ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 374  
 HALLANDALE FL 33008-0374

POST OFFICE BOX 374  
 HALLANDALE FL 33008-0374

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

**59-6142418**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATKIN, STAN**  
**11630 NW 11TH STREET**  
**PEMBROKE PINES FL 33026-3837**

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 \$150.00**  
**After MAY 1, 2000 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	CD	<input type="checkbox"/> Delete
NAME	PLATKIN, STAN	
STREET ADDRESS	11630 NW 11TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3837	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, BOB	
STREET ADDRESS	200 LESLIE DRIVE APT. 619	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUCHER, BILL	
STREET ADDRESS	6667 SW 41ST COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIOCHETTI, JAN	
STREET ADDRESS	1364 WEST 62ND STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICOLETTI, RON	
STREET ADDRESS	1075 SAN LUIS REY	33326
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33305</del> WESTON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, MICHELE	
STREET ADDRESS	9441 SW 52ND ST	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTZMAN, PHIL	
STREET ADDRESS	1805 Hibiscus Dr.	
CITY-ST-ZIP	No. Miami, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMMERICK, VIVIAN	
STREET ADDRESS	317 S.W. 9 Terrace	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, MIKE	
STREET ADDRESS	1001 N. 31st Ct.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, JACK	
STREET ADDRESS	10890 OLIVE AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREVA, CHARLES	
STREET ADDRESS	15125 S.W. 89th Ct.	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Stan Platkin*  
 SECRETARY/TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00

Date

954-

434-3737

Daytime Phone #