

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047532

1. Entity Name

PRAIRIE FUND, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90062 015 ***550.00

Principal Place of Business

1111 LINCOLN ROAD STE 740
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD STE 740
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

65-0927088

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

JOHNSON, ETHAN W
200 S BISCAYNE BLVD #5300
MIAMI FL 33131-2339

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDEL, LINDA A	
STREET ADDRESS	1111 LINCOLN ROAD STE 740	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAGIN, KAREN Z	
STREET ADDRESS	1111 LINCOLN ROAD STE 740	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKOVITCH, NANCY C	
STREET ADDRESS	1111 LINCOLN ROAD STE 740	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDEL, TOMMY	
STREET ADDRESS	1111 LINCOLN ROAD STE 740	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAGIN, GARY	
STREET ADDRESS	1111 LINCOLN ROAD STE 740	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, SAMUEL	
STREET ADDRESS	1111 LINCOLN ROAD STE 740	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW M. ZUCKERMAN	
STREET ADDRESS	3456 PRAIRIE AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Matthew M. Zuckerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/2000

305 5382954

CR2E034 (5/00)