

2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 90210 001 *1,711.25
P99000091649

DOCUMENT # P99000091649

1. Entity Name

MIAMI JAZZ FESTIVAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 1:20



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~NOT APPLICABLE~~
65-1021011

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

JOHNSON, ALBERT B II
2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

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, 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	PD	☐ Delete
NAME	JOHNSON, II, ALBERT B	
STREET ADDRESS	2699 S. BAYSHORE DR., STE 600 C	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	☐ Delete
NAME	PRICE, SCOTT L	
STREET ADDRESS	2699 S. BAYSHORE DR., STE 600 C	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	ALAN W. SORTER	☐ Delete ☒ Addition
NAME	ALAN W. SORTER	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	AL CHISHOLM	☐ Delete ☒ Addition
NAME	AL CHISHOLM	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	☐ Change ☒ Addition
NAME	SORTER, ALAN W.	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ Change ☒ Addition
NAME	CHISHOLM, ALFRED E.	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ Change ☒ Addition
NAME	JACA, JOE	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ Change ☒ Addition
NAME	BRADLEY, JUDY	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ Change ☒ Addition
NAME	GREEN, CAREY	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 600C	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Change ☐ 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:

Albert B. Johnson II

ALBERT B. JOHNSON II

4/20/2001

(305) 858-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/00)