

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004223

1. Entity Name

SATH CONFERENCES ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 029 ***150.00

Principal Place of Business

Mailing Address

2200 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

2200 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309-3069

2. Principal Place of Business

3. Mailing Address

1489 W. PALMETTO PARK RD
Suite, Apt. #, etc
495

1489 W. Palmetto Park Rd
Suite, Apt. #, etc
495

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33486

Zip
33486

4. FEI Number 13-3897002

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

MYDANICK, STEPHEN J
20932 CONCORD GREEN E.
BOCA RATON FL 33433

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	D	<input type="checkbox"/> Delete
NAME	VIDOCKLER, RUTH	
STREET ADDRESS	9233 SW 8TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	CPTD	<input type="checkbox"/> Delete
NAME	VIDOCKLER, STUART J	
STREET ADDRESS	15 SLEEPER ST.	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDOCKLER, FRANCINE	
STREET ADDRESS	11 NANTUCKET RD.	
CITY-ST-ZIP	NEWTON MA 33428	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MYDANICK, STEPHEN J	
STREET ADDRESS	20932 CONCORD GREEN E.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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: *Stephen J. Mydanick* Stephen J. MYDANICK 4/10/00 561-883197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)