

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90088 036 \*\*\*550.00

**DOCUMENT # P96000014374**

1. Entity Name

**LAS OLAS COURTS LIMITED, INC.**

Principal Place of Business

1775 S.E. 21ST AVENUE

SUITE # 2

FT. LAUDERDALE FL 33316

Mailing Address

1775 S.E. 21 STREET AVE.

#2

FT. LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1875 N. CORPORATE LKS. BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**1875 N. CORPORATE LKS. BLVD**

Suite, Apt. #, etc.

City & State

**WESTON, FL**

City & State

**WESTON, FL**

4. FEI Number

**65-0639445**

Applied For

Not Applicable

Zip

**33326**

Country

**BROWARD**

Zip

**33326**

Country

**BROWARD**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEMS, INC.**

**1200 S. PINE ISLAND ROAD**

**SUITE 250**

**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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  
NAME

**PD  
HARVEY, ED  
1406 CANTRELL  
LITTLE ROCK AR 72201**

☒ Delete

TITLE  
NAME

**STD  
TIEFEL, TODD  
1406 CANTRELL  
LITTLE ROCK AR 72201**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

**PD  
FRANCANILLA, JOHN  
1875 N. CORPORATE LKS BLVD  
WESTON, FL 33326**

☒ Change ☐ Addition

TITLE  
NAME

**STD  
FRANCANILLA, KANDI  
1875 N. CORPORATE LKS. BLVD  
WESTON, FL 33326**

☒ Change ☐ Addition

TITLE  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)