

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

BROWARD5. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME**PD****HARVEY, ED**STREET ADDRESS
CITY-ST-ZIP**1406 CANTRELL
LITTLE ROCK AR 72201**☒ DeleteTITLE
NAME**STD****TIEFEL, TODD**STREET ADDRESS
CITY-ST-ZIP**1406 CANTRELL
LITTLE ROCK AR 72201**☒ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAMESTREET ADDRESS
CITY-ST-ZIP**PD****FRANCANILLA, JOHN****1875 N. CORPORATE LKS BLVD
WESTON, FL 33326**☒ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP**STD****FRANCANILLA, KANDI****1875 N. CORPORATE LKS. BLVD
WESTON, FL 33326**☒ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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)