

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91328 042 ***150.00

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DOCUMENT # 612266

1. Entity Name
COURT GAMES, INC.



Principal Place of Business
C/O RYAN AND MARKS
3000-8 HARTLEY ROAD
JACKSONVILLE FL 32257

Mailing Address
C/O RYAN AND MARKS
3000-8 HARTLEY ROAD
JACKSONVILLE FL 32257



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2637055**

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

RYAN, WILLIAM B., JR., ESQ
3000-8 HARTLEY ROAD
JACKSONVILLE FL 32257

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete
NAME **FREYBE, HARALD**
STREET ADDRESS **517 SW 11TH COURT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SACK, ALVIN L**
STREET ADDRESS **1707 HICKS DRIVE**
CITY-ST-ZIP **VIENNA FL 33182**

TITLE ☒ Change ☐ Addition
NAME **PD SACK, ALVIN L.**
STREET ADDRESS **1707 HICKS Drive**
CITY-ST-ZIP **Vienna, VA 22182**

TITLE **SD** ☐ Delete
NAME **CAPARELLI, RICHARD F**
STREET ADDRESS **1 STIRRUP TRAIL**
CITY-ST-ZIP **PAWLING NY 12566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PARHAM, WILLIAM L J**
STREET ADDRESS **3804 LT NICHOLS CT**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, NESTOR D.**
STREET ADDRESS **2655 LOOPRIDGE DR.**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLDSTEIN, WALLACE W.**
STREET ADDRESS **1167 EXECUTIVE COVE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 by the 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 is not in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)