

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000002723**

1. Entity Name

**MEMBER ADVANTAGE SERVICE CORPORATION**

Principal Place of Business

**6408 PARKLAND DRIVE, STE 105  
SARASOTA FL 34243**

Mailing Address

**6408 PARKLAND DRIVE, STE 105  
SARASOTA FL 34243**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **39-1723210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**FELDER, BENJAMIN  
1505 N FLORIDA AVENUE  
TAMPA FL 33602**

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

TITLE **PCD** ☐ Delete  
NAME **PIANO, ANTHONY C**  
STREET ADDRESS **6408 PARKLAND DRIVE, STE 105**  
CITY-ST-ZIP **SARASOTA FL**TITLE **VASD** ☐ Delete  
NAME **JESSEN, LAWRENCE M**  
STREET ADDRESS **6408 PARKLAND DRIVE, STE 105**  
CITY-ST-ZIP **SARASOTA FL**TITLE **SD** ☐ Delete  
NAME **KRANITZ, RICHARD A**  
STREET ADDRESS **1238 12TH AVENUE**  
CITY-ST-ZIP **GRAFTON WI**TITLE **D** ☐ Delete  
NAME **DAVIS, RICHARD L**  
STREET ADDRESS **1503 WEST MARKET ST.**  
CITY-ST-ZIP **MEQUON WI**TITLE **V** ☐ Delete  
NAME **HALPERIN, MURRAY**  
STREET ADDRESS **6408 PARKLAND DRIVE, STE 105**  
CITY-ST-ZIP **SARASOTA FL**TITLE **V** ☐ Delete  
NAME **HALFMAN, CHRISTOPHER**  
STREET ADDRESS **6408 PARKLAND DRIVE, STE 105**  
CITY-ST-ZIP **SARASOTA FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1259 N.W. 16th Street**  
CITY-ST-ZIP **Boca Raton, FL 33486**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1715 Powder Ridge Drive**  
CITY-ST-ZIP **VALRICO, FL 33594**

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: *Lawrence M. Jessen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

941-758-3655 Ext 222

Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90140 036 \*\*\*150.00

**B0044465**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)