

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90641 045 ***150.00

DOCUMENT # F99000002723

1. Entity Name

MEMBER ADVANTAGE SERVICE CORPORATIONPrincipal 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1723210

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FELDER, BENJAMIN
1505 N FLORIDA AVENUE
TAMPA FL 33602****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.

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, 2002 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 **1259 NW 16TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE **V** ☐ Delete
NAME **HALFMAN, CHRISTOPHER**
STREET ADDRESS **1715 POWDER RIDGE DRIVE**
CITY-ST-ZIP **VALRICO FL 33594****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
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)