

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91310 030 ***158.75

DOCUMENT # F99000003477

1. Entity Name
XCELERATE CORP.

Principal Place of Business
**ONE EAST BROWARD BLVD. SUITE 800
 FT. LAUDERDALE FL 33301**

Mailing Address
**ONE EAST BROWARD BLVD. SUITE 800
 FT. LAUDERDALE FL 33301**

657521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 East Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 2100

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

4. FEI Number **65-0929226**

Applied For
 Not Applicable

Zip
33301

Country
USA

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	FRCEK, BRUCE K	
STREET ADDRESS	ONE EAST BROWARD BLVD. SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRCEK, LYNN	
STREET ADDRESS	ONE EAST BROWARD BLVD. SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARLEY, WILLIAM	
STREET ADDRESS	ONE EAST BROWARD BLVD. SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	DENTON, SHANNON	
STREET ADDRESS	ONE EAST BROWARD BLVD. SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WESTERHEIDE, TED	
STREET ADDRESS	ONE EAST BROWARD BLVD. SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	COFFEY, MIKE	
STREET ADDRESS	ONE EAST BROWARD BLVD. SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 East Las Olas Blvd. Suite 2100	
CITY-ST-ZIP	FT. Lauderdale, FL. 33301	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 East Las Olas Blvd. Suite 2100	
CITY-ST-ZIP	FT. Lauderdale, FL. 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President and Secretary	
STREET ADDRESS	Tony Crudele	
CITY-ST-ZIP	200 East Las Olas Blvd. Suite 2100	
	FT. Lauderdale, FL. 33301	

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

4/23/01

Date

954-713-2792

Daytime Phone #

CR2E034 (10/00)