

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K43509

1. Entity Name

CELLAR DOOR CONCERTS OF FLORIDA, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90046 010 ***150.00

Principal Place of Business

Mailing Address

5555 NW 95 AVENUE
SUITE 200
SUNRISE FL 33351
US

C/O SFX ENTERTAINMENT, INC.
650 MADISON AVE.
NEW YORK NY 10022-1029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0085879**

Applied For

Not Applied For

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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. LOCAL OFFICERS AND DIRECTORS

TITLE PD
NAME FERREL, MICHAEL
STREET ADDRESS 650 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE SD
NAME TYTEL, HOWARD
STREET ADDRESS 650 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE VP
NAME COUGHLAN, JOHN
STREET ADDRESS 650 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE VPAS
NAME LIESE, RICHARD
STREET ADDRESS 650 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE VPCF
NAME BENSON, THOMAS
STREET ADDRESS 650 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE EC
NAME BOYLE, JOHN J
STREET ADDRESS 650 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Additor

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:

John J. Boyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #