

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90477 001 ***317.50

DOCUMENT # M32953

1. Entity Name
FLORIDA BASKETBALL ASSOCIATES, INC.

Principal Place of Business
1 S.E. 3RD AVE.
#2300
MIAMI FL 33131
US

Mailing Address
1 S.E. 3RD AVE.
#2300
MIAMI FL 33131
US

11998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2681369**

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

WOOLWORTH, ERIC S
1 S.E. 3RD AVE.
SUITE 2300
MIAMI FL 33131

Name
INTRASTATE REGISTERED AGENT CORPORATION
 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKEIL AVENUE, STE. 3000
 City
MIAMI FL Zip Code
33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE **1/11/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
CP ☐ Delete
 NAME
ARISON, MICKY
 STREET ADDRESS
3655 NW 87TH AVE.
 CITY-ST-ZIP
MIAMI FL 33187

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

TITLE
D ☐ Delete
 NAME
FRANK, HOWARD S
 STREET ADDRESS
3655 NW 87TH AVE.
 CITY-ST-ZIP
MIAMI FL 33187

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

TITLE
VPS ☐ Delete
 NAME
WOOLWORTH, ERIC S
 STREET ADDRESS
601 BISCAYNE BV
 CITY-ST-ZIP
MIAMI FL 33132

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

TITLE
VPT ☐ Delete
 NAME
SCHULMAN, SAMUEL D
 STREET ADDRESS
601 BISCAYNE BV
 CITY-ST-ZIP
MIAMI FL 33132

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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

SRVP/LFO
SAMUEL D. SCHULMAN

Date

Daytime Phone #

1/14/02 **786.777.4009**

CR2E034 (9/01)