

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90603 031 ***150.00

DOCUMENT # M71623

1. Entity Name

THIRD COURT REALTY CORPORATION, INC.

Principal Place of Business

3335 FORREST DRIVE
HOLLYWOOD FL 33021
US

Mailing Address

3335 FORREST DRIVE
HOLLYWOOD FL 33021
US

2. Principal Place of Business

6401 NW 58th Terrace

3. Mailing Address

6401 NW 58th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland Florida

City & State

Parkland Florida

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0050617

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

6401 NW 58th Terrace

City

Parkland

FL

Zip Code

33067

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

Linda Kleinman

3/8/01

(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 ☐ Delete
NAME P
STREET ADDRESS KLEINMAN, DAVID
CITY-ST-ZIP 7679 STIRLING BRIDGE BLVD., NO.
DELRAY BEACH FL

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS KLEINMAN, LINDA
CITY-ST-ZIP 3335 FORREST DRIVE
HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS Linda Kleinman
CITY-ST-ZIP 6401 NW 58th Terrace
Parkland, FL 33067

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
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TITLE ☐ Change ☐ Addition
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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

3/6/01

Date

954-418-5222

Daytime Phone #

CR2E034 (10/00)