

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90237 044 ***550.00

DOCUMENT # M95335

1. Entity Name
HOWARD WINITSKY AND ASSOCIATES, INC.

Principal Place of Business

**220 ANDREWS AVENUE
 DELRAY BEACH FL 33483
 US**

Mailing Address

**787 7TH AVENUE
 49 FLOOR
 NEW YORK NY 10019**

2. Principal Place of Business

5150 N. Tamiami Trail

Suite, Apt. #, etc.

Suite 300

City & State
Naples, FL

Zip
34103

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0699654**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **HOWARD, WINITSKY**
 STREET ADDRESS **220 ANDROWN AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
 NAME **SIDER, DONALD C.**
 STREET ADDRESS **150 E. BOCA RATON RD.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / Director** ☒ Change ☐ Addition
 NAME **Howard Winitsky**
 STREET ADDRESS **5150 N. Tamiami Trail, Suite 300**
 CITY-ST-ZIP **Naples, FL 34103**

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

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Stephanie Scherr Olson**
 STREET ADDRESS **787 Seventh Ave, 49th Floor**
 CITY-ST-ZIP **New York, NY 10019**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Lori M. Lischer**
 STREET ADDRESS **500 W Madison, Suite 3650**
 CITY-ST-ZIP **Chicago, IL 60661**

TITLE **Vice President/Ass. Sec.** ☐ Change ☒ Addition
 NAME **Douglas Hammond**
 STREET ADDRESS **787 Seventh Ave, 49th Floor**
 CITY-ST-ZIP **New York, NY 10019**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Lawrence Becker**
 STREET ADDRESS **787 Seventh Ave, 49th Floor**
 CITY-ST-ZIP **New York, NY 10019**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/02

Date

312-985-5100

Daytime Phone #

CR2E034 (4/02)