

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90031 048 ***150.00

0296942

DOCUMENT # P00000064627

1. Entity Name

COURTCD, INC.

Principal Place of Business

Mailing Address

**2300 GLADES RD., WEST TOWER, SUITE 340
 BOCA RATON FL 33431**

**2300 GLADES RD., WEST TOWER, SUITE 340
 BOCA RATON FL 33431**

040553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1023943

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**ROTHMAN, JOEL B
 2300 GLADES RD., WEST TOWER, SUITE 340
 BOCA RATON FL 33431**

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: Delete
 NAME: **D SEIDEN, ANDREW**
 STREET ADDRESS: **2300 GLADES RD., WEST TOWER, SUITE 340**
 CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: **Vice President** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **STD ALDER, WAYNE M**
 STREET ADDRESS: **2300 GLADES RD., WEST TOWER, SUITE 340**
 CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D ROTHMAN, JOEL B**
 STREET ADDRESS: **2300 GLADES RD., WEST TOWER, SUITE 340**
 CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: **President** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **VD PETOSA, FRANK M**
 STREET ADDRESS: **2300 GLADES RD., WEST TOWER, SUITE 340**
 CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D MATTHEWMAN, WILLIAM D**
 STREET ADDRESS: **2300 GLADES RD., WEST TOWER, SUITE 340**
 CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: **Vice President** 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 REGISTERING OFFICER OR DIRECTOR

Andrew Seiden

Date

4-5-01

Daytime Phone #

561-416-0170

CR2E034 (10/00)