

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90879 013 ***150.00

DOCUMENT # P95000021846

1. Entity Name
ADDISON COURT, INC.

Principal Place of Business
1951 N.W. 19 STREET . #103
BOCA RATON FL 33431
US

Mailing Address
1951 N.W. 19 STREET. #103
BOCA RATON FL 33431
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1601 Forum Place
 Suite, Apt. #, etc.
SUITE 603

3. Mailing Address

1601 Forum Place
 Suite, Apt. #, etc.
SUITE 603

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33401

Country
USA

Zip
33401

Country
USA

4. FEI Number **65-0565220**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOOSE, WILLIAM R
515 NORTH FLAGLER DRIVE
19TH FL
W PALM BEACH FL 33401

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.

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, 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

TITLE **D** ☐ Delete
 NAME **GELLER, HARVEY**
 STREET ADDRESS **1951 N.W. 19 STREET #103**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
 NAME **LEVY, ROBERT A**
 STREET ADDRESS **1690 SOUTH CONGRESS AVE., STE. 200**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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: **Harvey Geller, VP. 4/1/02 561-616-3330**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)