

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083130

1. Entity Name

TSC HOLDING, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90067 044 \*\*\*150.00

Principal Place of Business

1750 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

Mailing Address

1750 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

00041440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0624466**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FURMAN, JACK A ESQ  
1750 E. SUNRISE BLVD  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name  
**Jarett S. Levan**  
Street Address (P.O. Box Number is Not Acceptable)  
**1750 E. Sunrise Blvd.**  
City  
**Fort Lauderdale** FL Zip Code  
**33304**

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 *Jarett S. Levan* **Jarett S. Levan**

Signature typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4/20/01**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVAN, ALAN B	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABDO, JOHN E	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SARRICA, LEWIS	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DURKIN, CHARLES V.	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEVAH, JARETT	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan B. Levan	
STREET ADDRESS	1750 E. Sunrise Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. White	
STREET ADDRESS	1750 E. Sunrise Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jarett Levan	
STREET ADDRESS	1750 E. Sunrise Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jarett S. Levan* **Jarett S. Levan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01** **954-585-2710**

Date

Daytime Phone #

CR2E034 (10/00)