

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 08:00 AM
Secretary of State

DOCUMENT # P95000086322

1. Entity Name

COURTESY WHOLESALE CORPORATION

Principal Place of Business

**110 S.E. SIXTH ST
STE. 1200, 20TH FLOOR
FT. LAUDERDALE
33301****FL****US**

Mailing Address

**110 S.E. SIXTH ST
STE. 1200, 20TH FLOOR
FT. LAUDERDALE
33301****US****FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0630718

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.****PLANTATION
33324****US****FL**

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)

04/25/2000

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, 2000 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	T	<input type="checkbox"/> Delete
NAME	HYLE KATHLEEN W	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PVPD	<input type="checkbox"/> Delete
NAME	COLE JAMES W	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS THOMAS W	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURHIS MARC L	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: JONATHAN P. FERRANDO

04/25/2000