

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080618

1. Entity Name

COURTSIDE, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90242 027 ***150.00

Principal Place of Business

C/O STEVEN R. PARSON, P.A.
222 LAKEVIEW AVE., STE. 800
W. PALM BEACH FL 33401

Mailing Address

C/O STEVEN R. PARSON, P.A.
222 LAKEVIEW AVE., STE. 800
W. PALM BEACH FL 33401

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 **58-2342870**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	D	<input type="checkbox"/> Delete
NAME	BUHL, HENRY	
STREET ADDRESS	114 GREENE ST., 5TH FL.	
CITY-ST-ZIP	NEW YORK NY 10012	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUHL, MARIE-FRANCE	
STREET ADDRESS	114 GREENE ST., 5TH FL.	
CITY-ST-ZIP	NEW YORK NY 10012	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, RAYMOND W	
STREET ADDRESS	153 E. 53RD ST., 1 CITICORP CENTER	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, KENNETH	
STREET ADDRESS	242 E. 72ND ST.	
CITY-ST-ZIP	NEW YORK NY 10021	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Kenneth Klein KENNETH KLEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/07 (312) 274 0100

Date Daytime Phone #

CR2E034 (10/00)