

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91421 048 ***150.00

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DOCUMENT # P99000023357

1. Entity Name

UDELL ASSOCIATES, INC.



Principal Place of Business

**1900 SUMMIT TOWER BLVD.
STE. 240
ORLANDO FL 32810**

Mailing Address

**787 7TH AVENUE
49TH FLOOR
NEW YORK NY 10019**

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

13-4072128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **UDELL, BRUCE**
STREET ADDRESS **1900 SUMMIT TOWER BLVD., SUITE 240**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPS** ☐ Delete
NAME **UDELL, JANET S**
STREET ADDRESS **1900 SUMMIT TOWER BLVD., SUITE 240**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **UDELL, BRUCE**
STREET ADDRESS **1900 SUMMIT TOWER BLVD. STE. 240**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPAS** ☐ Delete
NAME **HAMMOND, DOUGLAS W**
STREET ADDRESS **787 SEVENTH AVENUE 49TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LIESER, LORI**
STREET ADDRESS **500 W MADISON, SUITE 3650**
CITY-ST-ZIP **CHICAGO IL 60661**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **KATZ, MIRIAM I**
STREET ADDRESS **787 SEVENTH AVENUE 49TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **Lawrence Becker**
STREET ADDRESS **787 7th Ave, 49th Floor**
CITY-ST-ZIP **NEW YORK, NY 10019**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LORI M. Lieser 4/22/03 312-985-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)