

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069057

1. Entity Name

MCCOURT NORTH TENNIS CORP.

Principal Place of Business

10522 SOUTH 228TH LANE  
BOCA RATON FL 33428

Mailing Address

10522 SOUTH 228TH LANE  
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SIMON, ALAN R ESQ  
2255 GLADES RD  
STE 26 ATRIUM  
BOCA RATON FL 33431

Name

Street

City

7. Name and Address of New Registered Agent

Alan Richard Simon, Esquire  
95 N.E. 4th Avenue  
Delray Beach Florida 33483

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MCALPINE, FRANKLIN D  
10522 SOUTH 228TH LANE  
BOCA RATON FL 33428

☐ Delete

TITLE  
NAME  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN D MCALPINE

Date

4/30/01

Daytime Phone #

561 487-8731

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90193 043 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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