

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90008 016 ***158.75

DOCUMENT # 401920

1. Entity Name

O.R. COLAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**1500 CORDOVA RD. STE 210
 FT. LAUDERDALE FL 33316-2113**

**1500 CORDOVA RD. STE 210
 FT. LAUDERDALE FL 33316-2148**

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 **59-1397236**

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

**COLAN MUTH, CATHERINE
 4201 N OCEAN DR UNIT 206
 HOLLYWOOD FL 33019**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CPD**
 STREET ADDRESS **COLAN MUTH, CATHERINE**
 CITY-ST-ZIP **4201 NORTH OCEAN DR, APT 206
 HOLLYWOOD FL 33179**

TITLE ☒ Change ☐ Addition
 NAME **1500 Cordova Road, Suite 210**
 STREET ADDRESS **Fort Lauderdale, Florida 33316**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **FRANCES K. LAMONICA**
 CITY-ST-ZIP **1140 N.E. 204TH STREET
 N. MIAMI BEACH FL 33179**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **BASILA, RICHARD M**
 CITY-ST-ZIP **527 S.W. 27TH RD.
 MIAMI FL 3312-9**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **MERRYMAN, ROBERT N**
 CITY-ST-ZIP **31 TOPPING LANE
 ST. LOUIS MO 63131**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Merryman, Robert N**
 CITY-ST-ZIP **31 Topping Lane
 St. Louis, MO 63131**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **AMMAR, KAREN**
 CITY-ST-ZIP **4201 N. OCEAN DR., APT. 206
 HOLLYWOOD FL 33019**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ARMSTRONG, ALLEN A**
 CITY-ST-ZIP **RT. 1, BOX 342A
 GOODE VA 24556**

TITLE ☐ Change ☐ 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:

Catherine Colan Muth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CATHERINE COLAN MUTH

Date

Daytime Phone #

4-26-00 304 327-6968

CR2E034 (9/99)