

# 2000 UNIFORM BUSINESS REPORT (UBR)

07-19-2000 90024 031 \*\*\*150.00  
H70853

**DOCUMENT # H70853**

1. Entity Name  
**ELLIOTT M. ZANK, D.D.S., P.A.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:06

Principal Place of Business  
4783 N CONGRESS AVE  
BOYNTON BEACH FL 33462

Mailing Address  
4783 N CONGRESS AVE  
BOYNTON BEACH FL 33462

*Wrong zip code*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.  
4783 N. Congress Ave.

City & State  
Boynton Bch FL

Zip  
33426

4. FEI Number  
59-2645673

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZANK, ELLIOTT M.  
4783 N CONGRESS AVE  
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name  
Elliot M. Zank

Street Address (P.O. Box Number is Not Acceptable)  
4783 N. Congress Ave.

City  
Boynton Beach

FL

Zip Code  
33426

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZANK, ELLIOT 4753 N CONGRESS AVE. BOYNTON BCH. FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003436412-3 -10/24/00--01023--025
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	***410501-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: **X SIGNATURES REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ 521-439-0570 Daytime Phone # \_\_\_\_\_