

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2000 90021 046 ****61.25

DOCUMENT # N13909

1. Entity Name

THE CELIA LIPTON FARRIS AND VICTOR W. FARRIS FOU

Principal Place of Business

Mailing Address

**% PETER VAN ANDEL
 777 S. FLAGLER DR. SUITE 500E
 WEST PALM BEACH FL 33401**

**% PETER VAN ANDEL
 777 S. FLAGLER DR. SUITE 500E
 WEST PALM BEACH FL 33401-6121**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-6041585

Applied For
 Not Applicable

Zip Country Zip Country

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

**VAN ANDEL, PETER
 777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	FARRIS, CECELIA L	319 EL VEDADO RD.	PALM BEACH FL				
D	FARRIS, CECILE VICTORI	5 CALLE CABITO	SANTE FE NM				
DS	VAN ANDEL, PETER	777 S. FLAGLER DR S 500E	WEST PALM BCH FL				
D	BARROW, MICHAEL A	6401 S.W. 87TH AVE., #210	MIAMI FL 33173				
D	RETTNER, MARIAN F	1560 SW 17 ST	BOCA RATON FL				

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 617, 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** *Cecelia L. Farris*