

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90039 031 ***150.00

DOCUMENT # P97000030461

1. Entity Name
JEFF M. BAUMAN, PSY.D., P.A.

Principal Place of Business 555 S.W. 148TH AVENUE SUNRISE FL 33325	Mailing Address 555 S.W. 148TH AVENUE SUNRISE FL 33325-3010
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DO NOT WRITE IN THIS SPACE

2. PLEASE NOTE NEW ADDRESS
~~Dr. Jeff M. Bauman~~ 3. PLEASE NOTE NEW ADDRESS
Dr. Jeff M. Bauman

1625 N. Commerce Parkway Suite 305 Weston, FL 33326	1625 N. Commerce Parkway Suite 305 Weston, FL 33326
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4. FEI Number 65-0740036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name: PLEASE NOTE NEW ADDRESS Dr. Jeff M. Bauman Street Address (P.O. Box Number is Not Acceptable): 1625 N. Commerce Parkway Suite 305 Weston, FL 33326 City: Weston FL Zip Code: _____
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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: *Jeff M. Bauman Psy.D.* **JEFF M. BAUMAN, Psy.D.** **4-21-00**
(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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAUMAN, JEFF M PSY. 555 S.W. 148TH AVENUE SUNRISE FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE NOTE NEW ADDRESS Dr. Jeff M. Bauman 1625 N. Commerce Parkway Suite 305 Weston; FL/33326 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: *Jeff M. Bauman Psy.D.* **4-21-00** **954-659-0059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)