

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90404 012 ***150.00

DOCUMENT # **098000013249**

1. Entity Name

INGRID WHITBOURNE-COOKE, OD., P.A.

*File
11/2/01
226*

Principal Place of Business

Mailing Address

**1072 NW 125 Terr
Sunrise, FL 33323**

C0055083

2. Principal Place of Business

3. Mailing Address

4181 N Pine Island Rd

1072 NW 125 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

59-3495095

Applied For

Not Applicable

Zip

Country

33351

US

Zip

Country

33323

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Ingrid Whitbourne-Cooke
1072 NW 125 Terr
Sunrise, FL 33323**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Ingrid Whitbourne-Cooke**
STREET ADDRESS **1072 NW 125 Terr**
CITY-ST-ZIP **Sunrise, FL 33323**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Ingrid Whitbourne-Cooke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 954-838-9250

Date

Daytime Phone #

CR2E034 (11/00)