

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90004 005 \*\*\*150.00

**DOCUMENT # P99000106504**

1. Entity Name

**NEW PERSPECTIVES INC.**

Principal Place of Business

Mailing Address

**PGA BLVD..#283  
 BEACH GARDENS FL 33418**

**4521 PGA BLVD..#283  
 PALM BEACH GARDENS FL 33418**

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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

**65-0971037**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LUCE, DOUGLAS B  
 3144 CASSEEKEY ISLAND RD.  
 JUPITER FL 33477**

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

*Jane Lucci Douglas B. Luce*

**2/10/00**

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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCCI, JANE</b>		NAME	<b>LUCCI, JANE</b>	
STREET ADDRESS	<b>85 PARK AVE.</b>		STREET ADDRESS	<b>3144 CASSEEKEY ISLAND RD</b>	
CITY-ST-ZIP	<b>VERONA NJ 07044</b>		CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCCI, JOHN</b>		NAME	<b>LUCCI, JOHN</b>	
STREET ADDRESS	<b>85 PARK AVE.</b>		STREET ADDRESS	<b>3144 CASSEEKEY ISLAND RD</b>	
CITY-ST-ZIP	<b>VERONA NJ 07044</b>		CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Jane Lucci*

**2/10/00**

CR2E034 (9/99)