

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90222 027 ***150.00

DOCUMENT # V29149

1. Entity Name

GERALD E. LINDEN, P.A.

Principal Place of Business

Mailing Address

~~2716 CHICKASAW TRAIL~~
~~STE 3C~~
~~ORLANDO FL 32822~~
~~US~~

~~2716 CHICKASAW TRAIL~~
~~STE 3C~~
~~ORLANDO FL 32829-8550~~
~~US~~

2. Principal Place of Business

3. Mailing Address

12925 LA ROCHELLE CIR
 Suite, Apt. #, etc.

12925 LA ROCHELLE CIR
 Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number **59-3118074**

Applied For
 Not Applicable

Zip **33410-1406** Country **USA**

Zip **33410-1406** Country **U.S.A.**

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

LINDEN, GERALD E
~~2716-3C CHICKASAW TRAIL~~
~~ORLANDO FL 32829~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
12925 LA ROCHELLE CIR
 City **PALM BEACH GARDENS** **FL** Zip Code **33410-1406**

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 *Gerald E. Linden* **GERALD E. LINDEN**

4/29/00

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 **PD** ☐ Delete
 NAME **LINDEN, GERALD E**
 STREET ADDRESS **882 S. ECONLOCKHATCHEE TR.**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **PD** ☒ Change ☐ Addition
 NAME **LINDEN, GERALD E**
 STREET ADDRESS **12925 LA ROCHELLE CIR**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410-1406**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Gerald E. Linden* **GERALD E. LINDEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 **561-694-2094**
 Date Daytime Phone #

CR2E0314 (9/99)