

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72454

1. Entity Name

GEOSYNTEC CONSULTANTS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90218 039 \*\*\*158.75

Principal Place of Business

Mailing Address

ONE PARK PLACE  
621 N.W. 53RD STREET STE 650  
BOCA RATON FL 33487  
US

ONE PARK PLACE  
621 N.W. 53RD STREET STE 650  
BOCA RATON FL 33487-8284  
US



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 **59-2355134**

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

PEEL, THOMAS A  
621 N.W. 53RD STREET  
SUITE 650  
BOCA RATON FL 33487

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, 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 ☐ Delete  
NAME ~~ST~~  
STREET ADDRESS  
CITY - ST - ZIP  
SANGLERAT, THIERRY  
339 CANAL ST.  
NEWPORT BEACH CA

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS  
CITY - ST - ZIP  
KAVAZANJIAN, EDWARD  
2100 MAIN STREET, #150  
HUNTINGTON BEACH CA 92648

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

TITLE ☐ Delete  
NAME C  
STREET ADDRESS  
CITY - ST - ZIP  
LUCIA, PATRICK  
351 LA CASA VIA  
WALNUT CREEK CA 94598

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS  
CITY - ST - ZIP  
BONAPARTE, RUDOLPH  
3814 ASHFORD KNOLL  
ATLANTA GA

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

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS  
CITY - ST - ZIP  
BEECH, JOHN F  
3975 CHESSON CT  
ATLANTA GA

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS  
CITY - ST - ZIP  
Jon S. Dickinson  
621 Nw 53 St, # 650  
Boca Raton, FL 33487

TITLE ☐ Change ☒ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon S. Dickinson

Date

4/12/00 561 995-

Daytime Phone 0900

CR2E034 (9/99)