

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

09-07-2000 90059 042 \*\*\*550.00

**A0075459**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 508254**

1. Entity Name

**FELDMAN KOENIG & HIGHSMITH, P.A.**

Principal Place of Business

**1315 WHITEHEAD STREET  
 KEY WEST FL 33040**

Mailing Address

**1315 WHITEHEAD STREET  
 KEY WEST FL 33040**

2. Principal Place of Business

**3156 Northside Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**3156 Northside Drive**  
 Suite, Apt. #, etc.

City & State

**Key West, FL**

Zip

**33040**

Country

**USA**

City & State

**Key West, FL**

Zip

**33040**

Country

**USA**

4. FEI Number

**59-1693113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KOENIG, TIMOTHY J.  
 1315 WHITEHEAD STREET  
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Koenig, Timothy J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3156 Northside Drive**  
 City **Key West** **FL** Zip Code **33040**

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 **Timothy J. Koenig, VSD**

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-22-00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD FELDMAN, ROBERT T. 315 WHITEHEAD STREET KEY WEST FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD KOENIG, TIMOTHY 1315 WHITEHEAD STREET KEY WEST FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Feldman, Robert T. 3156 Northside Drive Key West, FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD Timothy Koenig 3156 Northside Drive Key West, FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Timothy J. Koenig, VSD**

**8-22-00 305696-8851**  
 Date Daytime Phone #

CR2E034 (5/00)