

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/5.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90009 037 \*\*\*150.00

**DOCUMENT # P00000002718**

1. Entity Name

**B. ACKERMAN, P.A.**

Principal Place of Business

**5235 SIESTA COVE DR.  
SARASOTA FL 34242**

Mailing Address

**5235 SIESTA COVE DR.  
SARASOTA FL 34242**

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

**05-0973481**

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

**ACKERMAN, BARBARA  
5235 SIESTA COVE DR.  
SARASOTA FL 34242**

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

TITLE ☐ Delete

**D  
ACKERMAN, BARBARA  
5235 SIESTA COVE DR.  
SARASOTA FL 34242**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/2001 941-346615**

CR2E034 (10/00)