

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 361768

1. Entity Name

PEACOCK & LEWIS ARCHITECTS & PLANNERS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90183 021 \*\*\*158.75

Principal Place of Business

2705 PARK STREET  
 LAKE WORTH FL 33460

Mailing Address

P.O. BOX 6877  
 WEST PALM BEACH FL 33405-6877

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1290903

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNEEN, JEFFERY D  
 1400 CENTREPARK BLVD, STE 1000  
 WEST PALM BEACH FL 33401

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

*Paul E. Neff*  
 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: PTD  Delete  
 NAME: NEFF, PAUL E  
 STREET ADDRESS: 2705 PARK ST.  
 CITY-ST-ZIP: LAKE WORTH FL 33460

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

TITLE: VPSD  Delete  
 NAME: IDLE, BRIAN D  
 STREET ADDRESS: 2705 PARK STREET  
 CITY-ST-ZIP: LAKE WORTH FL 33460

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

TITLE: VP  Delete  
 NAME: BARDIN, SUSAN S  
 STREET ADDRESS: 2705 PARK STREET  
 CITY-ST-ZIP: LAKE WORTH FL 33460

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

TITLE: AS  Delete  
 NAME: KELLY, BRENDA L  
 STREET ADDRESS: 2705 PARK STREET  
 CITY-ST-ZIP: LAKE WORTH FL 33460

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

TITLE: VP  Delete  
 NAME: MILLER, MITCHELL E  
 STREET ADDRESS: 2705 PARK ST  
 CITY-ST-ZIP: LAKE WORTH FL

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

TITLE: VP  Delete  
 NAME: BRAIDO, ROBERT  
 STREET ADDRESS: 2705 PARK ST.  
 CITY-ST-ZIP: LAKE WORTH FL 33460

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:

*Paul E. Neff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul E. Neff 4/19/00 561/582-2705*