

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 438397

1. Entity Name

400 WEST MADISON CORPORATION

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90012 008 ***150.00

Principal Place of Business

Mailing Address

220 SUNRISE AVENUE
C
PALM BEACH FL 33480
US

220 SUNRISE AVENUE
SUITE C
PALM BEACH FL 33480
US

2. Principal Place of Business

125 WORTH AVE #221

3. Mailing Address

125 WORTH AVE #221

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

59-1625384

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, LAWRENCE E.
400 EXECUTIVE CENTER DRIVE
SUITE 201
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11211 Prosperity FARMS Rd. # B-201

City

PALM BEACH GARDENS

FL

Zip Code

33410

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	P	<input type="checkbox"/> Delete
NAME	MURPHY, NORMAN E	
STREET ADDRESS	220 SUNRISE AVENUE SUITE C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURPHY, SARAH S	
STREET ADDRESS	220 SUNRISE AVENUE STE. C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 WORTH AVE. #221	
STREET ADDRESS	PALM BEACH, FL 33480-4430	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 WORTH AVE. #221	
STREET ADDRESS	PALM BEACH, FL 33480-4430	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/10/2001

Date

561-655-6688

Daytime Phone #

CR2E034 (10/00)