

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State
03-27-2000 90130 042 ***150.00

DOCUMENT # 550269

1. Entity Name

WILLIAM B. LECATES, P.A.

Principal Place of Business

**415 S.E. 12TH ST
FT LAUDERDALE FL 33316**

Mailing Address

**415 S.E. 12TH ST
FT LAUDERDALE FL 33316-1901**

2. Principal Place of Business

7027 W. Broward Boulevard

3. Mailing Address

7027 W. Broward Boulevard

Suite, Apt. #, etc.

#2104

Suite, Apt. #, etc.

#2104

City & State

Plantation, Florida

City & State

Plantation, Florida

4. FEI Number

59-1775928

Applied For

Not Applicable

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LECATES, WILLIAM B
415 SE 12TH ST
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name
William B. LeCates

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

7027 W. Broward Boulevard #2104

City

Plantation

FL

Zip Code
33317

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

TITLE
PD
NAME
LECATES, WILLIAM B
STREET ADDRESS
415 SE 12TH ST
CITY-ST-ZIP
FT LAUDERDALE FL

☐ Delete

TITLE
S
NAME
LECATES, GAIL K.
STREET ADDRESS
415 S.E. 12TH ST.
CITY-ST-ZIP
FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
LeCates, William B.
STREET ADDRESS
7027 W. Broward Blvd. #2104
CITY-ST-ZIP
Plantation, FL 33317

☒ Change ☐ Addition

(address only)

TITLE
S
NAME
LeCates, Gail K
STREET ADDRESS
7027 W. Broward Blvd. #2104
CITY-ST-ZIP
Plantation, FL 33317

☒ Change ☐ Addition

(address only)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 no other listing provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/2000** Daytime Phone # **(954) 792-4495**