

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90024 009 ***150.00

DOCUMENT # 601731

1. Entity Name
REID, LENTZ AND ASSOCIATES, P.A.

Principal Place of Business

**14577 SOUTHERN BLVD
 LOXAHATCHEE FL 33470
 US**

Mailing Address

**PO BOX 1067
 LOXAHATCHEE FL 33470
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13005 Southern Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 142

City & State
Loxahatchee, FL

City & State

4. FEI Number **59-1281682**

Applied For

Not Applicable

Zip

Country

Zip

Country

33470

US

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

**SPRINKLE, PHILIP M II, ESQ
 777 S. FLAGLER DRIVE
 SUITE 900 EAST
 WEST PALM BEACH FL 33401**

Name **Lawrence Rochefort, Esq.**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **REID, LAWRENCE R**
 STREET ADDRESS **14577 SOUTHERN BLVD**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
 NAME **13005 Southern Blvd., Ste. 142**
 STREET ADDRESS **Loxahatchee, FL 33470**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **LENTZ, ROBERT M.D.**
 STREET ADDRESS **14577 SOUTHERN BLVD.**
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ Change ☐ Addition
 NAME **13005 Southern Blvd., Ste. 142**
 STREET ADDRESS **Loxahatchee, FL 33470**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **REID, LAWRENCE R**
 STREET ADDRESS **14577 SOUTHERN BLVD**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
 NAME **13005 Southern Blvd., Ste. 142**
 STREET ADDRESS **Loxahatchee, FL 33470**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)