

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90004 029 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 602705 ✓

**1. Entity Name**  
 GOLDBERG YOUNG & GRAVENHORST, P.A.

**Principal Place of Business**      **Mailing Address**  
 SEE BELOW      SEE BELOW

**2. Principal Place of Business**      **3. Mailing Address**  
 P.O. BOX 23800      P.O. BOX 23800  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 FT. LAUDERDALE, FLORIDA      FT. LAUDERDALE, FLORIDA  
 Zip      Country      Zip      Country  
 33307      BROWARD      33307      BROWARD

**4. FEI Number**      Applied For  
 59-1315820      Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 GOLDBERG, LAWRENCE H.  
 P.O. BOX 23800  
 FT. LAUDERDALE, FLORIDA 33307

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PAUL	NAME	
STREET ADDRESS	P.O. BOX 23800	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD., FL 33307	CITY-ST-ZIP	
TITLE	V S T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LAWRENCE H.	NAME	
STREET ADDRESS	P.O. BOX 23800	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD., FL 33307	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LAWRENCE H.	NAME	
STREET ADDRESS	P.O. BOX 23800	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33307	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVENHORST, PAUL S.	NAME	
STREET ADDRESS	P.O. BOX 23800	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD., FL 33307	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Lawrence H. Goldberg*      **LAWRENCE H. GOLDBERG**      **4/12/00**      **(954) 525-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)