

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 670769

1. Entity Name

LAWRENCE J. NEWMANN, D.P.M., P.A.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90047 041 \*\*\*150.00

Principal Place of Business

22 S.E. SIXTH STREET  
C/O LAWRENCE J. NEWMANN  
BOCA RATON FL 33432

Mailing Address

22 S.E. SIXTH STREET  
C/O LAWRENCE J. NEWMANN  
BOCA RATON FL 33432-6016

2. Principal Place of Business

315 SE MIZNER BLVD

Suite, Apt. #, etc.  
205

3. Mailing Address

315 SE MIZNER BLVD

Suite, Apt. #, etc.  
205

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2001555

Applied For

Not Applicable

Zip  
33432

Country  
U S A

Zip  
33432

Country  
U S A

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

NEWMANN, LAWRENCE J.  
22 S.E. SIXTH ST.  
BOCA RATON FL 33432

Name

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

315 SE MIZNER BLVD  
STE 205

City

BOCA RATON

FL

Zip Code

33432

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

*Lawrence J. Newmann*

LAWRENCE J. NEWMANN PRES

4/25/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PST NEWMANN, LAWRENCE J. 22 S.E. SIXTH ST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWMANN, LAWRENCE J. 22 S.E. SIXTH ST BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P? VP S T D NEWMANN, LAWRENCE J. 315 SE MIZNER BLVD, STE 205 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*Lawrence J. Newmann*

LAWRENCE J. NEWMANN

PRESIDENT

4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)