

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742648

1. Entity Name

THE INSTITUTE OF BUSINESS APPRAISERS, INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90430 002 \*\*\*150.00

Principal Place of Business

Mailing Address

2240 W WOOLBRIGHT  
SUITE 407  
BOYNTON BCH FL 33435  
US

PO BOX 1447  
BOYNTON BEACH FL 33425-1447  
US

2. Principal Place of Business

7420 NW 5th St.  
Suite, Apt. #, etc.  
Suite 103

3. Mailing Address

PO Box 17410  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33318

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILES, RAYMOND C.  
8041 ABERDEEN DR  
#202  
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name  
Michele G Miles

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

7420 NW 5th St

Suite 103

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

*Michele G Miles*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME MILES, RAYMOND C.  
STREET ADDRESS 8041 ABERDEEN DR #202  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ Delete  
NAME PELZER, JACK H.  
STREET ADDRESS 6000 BANYAN TERR  
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Delete  
NAME PELZER, MICHELE MILES  
STREET ADDRESS 6000 BANYAN TERR  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michele G Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 954-584-1144

Date

Daytime Phone #

CR2E037 (9/99)