

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745373

1. Entity Name

F.A.I.R., INC.

Principal Place of Business

Mailing Address

2886 FERNLEY DR., EAST. HOME BOX 94
WEST PALM BEACH FL 33415

2886 FERNLEY DR., EAST. HOME BOX 94
WEST PALM BEACH FL 33415-8303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GLASSMAN, HERMAN
5800 FERNLEY DR W, #72
W. PALM BEACH FL 33415

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

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	DT	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, ALMA	
STREET ADDRESS	5780 FERNLEY DR W #150	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GLASSMAN, HERMAN	
STREET ADDRESS	5800 FERNLEY DR W. #72	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COHEN, RICHARD	
STREET ADDRESS	5800 FERNLEY DR W. #18	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	APPEL, LEO	
STREET ADDRESS	5800 FERNLEY DR W. #44	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	FRAN CORBETT	<input type="checkbox"/> Delete
NAME	5800 FERNLEY DR W #51	
STREET ADDRESS	W PALM BEACH FL 33415 SEC.	
CITY-ST-ZIP		
TITLE	ELLIE GERACI	<input type="checkbox"/> Delete
NAME	5800 FERNLEY DR W. #20	
STREET ADDRESS	W. PALM BEACH FL 33415 TREAS.	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90058 041 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1882296

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required