

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837759

1. Entity Name

INDEPENDENT INVESTOR PROTECTIVE LEAGUE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90076 024 ****61.25

Principal Place of Business

Mailing Address

3177 N UNIVERSITY DR
SUNRISE FL 33351
US

P.O. BOX 5031
FT LAUDERDALE FL 33310-5031
US

2. Principal Place of Business

7553 W. Oakland Park Blvd

3. Mailing Address

Unchanged

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill FL
Zip 33310

City & State

Zip

Country

USA

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SANDS, MERRILL
8525 N.W. 26TH DRIVE
CORAL SPRINGS FL 33065

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	PD	<input type="checkbox"/> Delete
NAME	GORDON, RICHARD A.	
STREET ADDRESS	95 WEST 3RD STREET	
CITY-ST-ZIP	FREEPORT NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LILLIN, CHARLES J.	
STREET ADDRESS	WILSON AVENUE	
CITY-ST-ZIP	BELLMORE NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDS, MERRILL	
STREET ADDRESS	8525 N.W. 26TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	
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:

Merrill Sands REQUIRED Lic.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

(954) 749-1552

Daytime Phone #