

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837934

1. Entity Name

ALTMAN MANAGEMENT COMPANY

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90329 019 \*\*\*150.00

Principal Place of Business  
2201 CORP BLVD NW  
SUITE 200  
BOCA RATON FL 33431-8543

Mailing Address  
2201 CORP BLVD NW  
SUITE 200  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-1914253**  
Applied For  
Not Applicable

Zip Country

Zip Country

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

DEUTCH, JEFFREY A.  
7777 GLADES RD.  
SUITE 300  
BOCA RATON FL 33434

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 \_\_\_\_\_  
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	CD	<input type="checkbox"/> Delete
NAME	ALTMAN, JOEL L	
STREET ADDRESS	2201 CORPORATE BLVD. NW, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAULEY, JAMES M JR	
STREET ADDRESS	2201 CORPORATE BLVD. NW, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FAGERLI, O.H. JR	
STREET ADDRESS	2201 CORPORATE BLVD. NW, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: By [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN

Date

Daytime Phone #

CR2E034 (9/99)