

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13068

1. Entity Name  
RICHARD I. LIPMAN, D.D.S., P.A.

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90218 042 \*\*\*150.00

Principal Place of Business

MIZNER PARK  
327 PLAZA REAL, STE 201  
BOCA RATON FL 33432

Mailing Address

MIZNER PARK  
327 PLAZA REAL, STE 201  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address  
40 BLAKESBELL 6  
951 SW 4TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Zip

Country

Zip  
33432

Country  
USA

4. FEI Number

59-2044456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LIPMAN, RICHARD I., DR.  
327 PLAZA REAL, STE 201  
BOCA RATON FL 33432

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, 2001 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

TITLE P  Delete  
NAME LIPMAN, RICHARD I. DR.  
STREET ADDRESS 700 NE 76 STREET  
CITY-ST-ZIP BOCA RATON FL 33432

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
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CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  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:

*D. I. Lipman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/01*

Daytime Phone #

CR2E034 (10/00)