

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31172

1. Entity Name

DR. BARRY FEINGOLD, P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90020 009 ***150.00

Principal Place of Business
 5100 NORTH OCEAN BLVD.
 #1617
 LAUDERDALE BY THE SEA FL 33308
 US

Mailing Address
 5100 NORTH OCEAN BLVD.
 #1617
 LAUDERDALE BY THE SEA FL 33308-3007
 US

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

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

City & State

City & State

4. FEI Number **59-2088850**

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

FEINGOLD, BARRY (DR)
 2578 MAYFAIR LANE
 FT LAUDERDALE FL 33327

Name
 Street Address (P.O. Box Number is Not Acceptable)
 5100 NORTH OCEAN BLVD
 # 1617
 City LAUDERDALE BY THE SEA Zip Code 33308

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P FEINGOLD, BARRY (DR) 5100 NORTH OCEAN BLVD, 1617 LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/28/00** Daytime Phone # **904-781-3211**

CR2E034 (9/99)