

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001462

1. Entity Name

ACHIEVERS UNLIMITED OF NEVADA, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90064 017 \*\*\*158.75

Principal Place of Business

900 PHILLIPS POINT WEST  
777 S. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

Mailing Address

900 PHILLIPS POINT WEST  
777 S. FLAGLER DRIVE  
WEST PALM BEACH FL 33401-6161

00906884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0568403

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

POMERANZ, MARK  
LAW OFFICES OF POMERANZ & LANDSMAN  
12955 BISCAYNE BLVD, SUITE 202  
N MIAMI FL 33181

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 TSD  
NAME HANGER, GARY  
STREET ADDRESS 900 PHILLIPS POINT WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME CONNELLY, ELIZABETH D  
STREET ADDRESS 900 PHILLIPS POINT WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(561) 835-3777

Daytime Phone #