## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9700000075

1. Entity Name

of the corporation of changed, or or an

SIGNATURE:

C.A.S.E. MANAGEMENT, INC.

Principal Plac	e of Business	Mailing Address		Ţ					
5355 TOWN CENTER RD 702 BOCA RATON FL 33486 US		5355 TOWN CENTER RD 702 BOCA RATON FL 33486-1081 US		3	1 1401/43 1510 1810: 1811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 1880: 8811: 1880: 8811: 1880: 8811:				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	. FEI Number 23-2654879		<del></del>	plied For at Applicable	
Zip	Country	Zìp	Country	5.	Certificate of Status Desi		\$8.75 Add	litional	
6. Name and Address of Current Registered Agent				7, 1	Name and Address of N	lew Registered A	gent		
	***	<u> </u>	Name						
LABONTE, JAMES M 5355 TOWN CENTER RD			Street A	Street Address (P.O. Box Number is Not Acceptable)					
STE	702								
BOC	A RATON FL 33486		City			FL	Zip Code	е	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent a		registered office of			Of Florida.			
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 \$550.0 Make Check Payable to Department of		50.00 t of State	State				
11.	OFFICERS AND I	DIRECTORS	12.	,A[	DDITIONS/CHANGES TO	OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LANGE, WILLIAM E 9536 FOX TROT LN BOCA RATON FL 33496	TROT LN s			CFO  LANGE, WILLIAM E.  10021 UMBERLAND PLACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS LANGE, ANNA B 9536 FOX TROT LN BOCA RATON FL 33496	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS LANGE	RATON, FL.	33428	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LABONTE, JAMES M 51 CAYUGA RD FORT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	UMBERLAND RATON, FL.	33428	☐ Change	☐ Addition 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

**FILED** 

Jan 14, 2000 8:00 am Secretary of State

01-14-2000 90061 027 \*\*\*150.00

WILLIAM E. LANGE 561 750-4433 1/5/2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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

other like empowered.