

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003597

1. Entity Name

OUT2.COM, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90053 030 ***150.00

Principal Place of Business Mailing Address
2090 PALM BEACH LAKE BLVD., SUITE 503 2090 PALM BEACH LAKE BLVD., SUITE 503
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-6507

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0930318

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PTD ☐ Delete
NAME LEONARD, ROBERT E
STREET ADDRESS 2090 PALM BEACH LAKE BLVD., SUITE 503
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE S ☒ Delete
NAME HERBST, JEFFREY A
STREET ADDRESS 650 PAGE MILL ROAD
CITY-ST-ZIP PALO ALTO CA 94304

TITLE D ☐ Delete
NAME FROOMKIN, MICHAEL
STREET ADDRESS 2090 PALM BEACH LAKE BLVD., SUITE 503
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☐ Delete
NAME ADAMS, WILLIAM
STREET ADDRESS 2090 PALM BEACH LAKE BLVD., SUITE 503
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Barbara Brown
STREET ADDRESS 2090 Palm Beach Lakes Blvd #503
CITY-ST-ZIP West Palm Beach FL 33409

TITLE Vice President ☐ Change ☒ Addition
NAME Howard Schulman
STREET ADDRESS 2090 Palm Beach Lakes Blvd #503
CITY-ST-ZIP West Palm Beach, FL 33409

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)