

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**  
 01-19-2000 90115 026 \*\*\*150.00

**DOCUMENT # F99000005774**

1. Entity Name  
**THE HAL LIPPMAN COMPANY**

Principal Place of Business WILES ROAD SPRINGS FL 33076	Mailing Address 11310 WILES ROAD CORAL SPRINGS FL 33076-2113
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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 <b>52-2076659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LIPPMAN, HAL**  
**11310 WILES ROAD**  
**CORAL SPRINGS FL 33076**

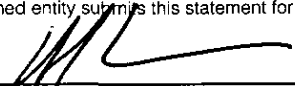
7. Name and Address of New Registered Agent

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  DATE **1/13/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> NAME <b>LIPPMAN, HAL</b> STREET ADDRESS <b>3200 CORAL SPRINGS DRIVE, UNIT 102</b> CITY-ST-ZIP <b>CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>PD</b> NAME <b>LIPPMAN, HAL</b> STREET ADDRESS <b>11310 Wiles Road</b> CITY-ST-ZIP <b>Coral Springs, FL, 33076</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)