

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35848

1. Entity Name

ADAIR, FULLER, WITCHER & MALCOM, P.A. CERTIFIED

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90130 034 ***158.75

Principal Place of Business
TRADE CENTRE SOUTH
100 W CYPRESS CRK RD. STE 1045
FT LAUDERDALE FL 33309-2115
US

Mailing Address
TRADE CENTRE SOUTH
100 W CYPRESS CRK RD. STE 1045
FT. LAUD FL 33309-2191
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2474542**
Applied For
Not Applicable

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

ADAIR, MICHAEL R
100 WEST CYPRESS CRK RD, STE 1045
FT LAUDERDALE FL 33309

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 _____ (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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAIR, MICHAEL R.		NAME		
STREET ADDRESS	155 N.W. 93 TERR.		STREET ADDRESS	3642 HIGH PINE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065-6011		CITY-ST-ZIP	CORAL SPRINGS FL 33065-6011	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, STEVEN E.		NAME		
STREET ADDRESS	3150 SW 135 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITCHER, TERRELL W.		NAME		
STREET ADDRESS	9040 SW 54 ST.		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALCOM, WILLIAM A.		NAME		
STREET ADDRESS	8795 NW 55 PLACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, HUGH H		NAME		
STREET ADDRESS	5302 NW 87 WAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Michael R. Adair **4.11.00** **954 491 9790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MICHAEL R. ADAIR

CR2E034 (9/99)