

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12683

1. Entity Name

A.S.K. OF BOCA RATON, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90005 028 \*\*\*150.00

Principal Place of Business

Mailing Address

2033 STAYSAIL LANE  
JUPITER FL 33477

2033 STAYSAIL LANE  
JUPITER FL 33477-1430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2663910**

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

HOLFELDER, ALFRED A  
2033 STAYSAIL LANE  
JUPITER FL 33477

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**HOLFELDER, ALFRED A.**  
**2033 STAYSAIL LANE**  
**JUPITER FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HOLFELDER, JACKLYN H.**  
**2033 STAYSAIL LANE**  
**JUPITER FL**

☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**LAWRENCE HOLFELDER**  
**11730 LIPSEY ROAD**  
**TAMPA FL**

☐ Delete

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CITY-ST-ZIP  
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TITLE  
NAME  
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CITY-ST-ZIP  
**T**  
**GEOFF HIGGS**  
**246 FOREST HILL BLVD**  
**WEST PALM BEACH FL**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

561-844-8884

Daytime Phone #

CR2E034 (9/99)