

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90119 030 \*\*\*150.00

728194



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J51110**

1. Entity Name  
**ILEX INVESTMENT COMPANY, INC.**

Principal Place of Business <b>110 ROYAL PALM WAY SUITE 200 BEACH FL 33480</b>	Mailing Address <b>440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480</b>
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2. Principal Place of Business <b>505 S. Flagler Drive</b>	3. Mailing Address <b>505 S. Flagler Drive</b>
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Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>

4. FEI Number <b>59-2776140</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**CHOPIN, L. FRANK, ESQ.**  
**440 ROYAL PALM WAY**  
**SUITE 200**  
**PALM BEACH FL 33480**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>505 S. Flagler Drive, Suite 300</b>
City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>

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 \_\_\_\_\_  
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)

**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 <b>PSD</b>	<input type="checkbox"/> Delete	TITLE <b>CHOPIN, L. FRANK</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHOPIN, L. FRANK</b>		NAME <b>CHOPIN, L. FRANK</b>	
STREET ADDRESS <b>440 ROYAL PALM WAY; STE.-200</b>		STREET ADDRESS <b>505 S. Flagler Drive, Suite 300</b>	
CITY-ST-ZIP <b>PALM BEACH FL 33480</b>		CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	
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	
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	
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	
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 a power of attorney.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**  
Date

**(561) 655-9500**  
Daytime Phone #

CR2E034 (9/99)