# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 18, 2000 8:00 am**
**Secretary of State**
07-18-2000 90016 009 ***150.00

DOCUMENT # J80135

1. Entity Name

CALER, DONTEN, LEVINE, DRUKER, PORTER & VEIL, P. R

| Principal Place of Business | Mailing Address |
|---|---|
| ~~C/O MARK D VEIL~~<br>505 S FLAGLER DR. SUITE 900<br>W PALM BCH FL 33401<br>US | ~~C/O MARK D VEIL~~<br>505 S FLAGLER DR. SUITE 900<br>W PALM BCH FL 33401<br>US |

AU068092

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o Scott L. Porter | c/o Scott Porter |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2831281 ☐ 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 |
|---|---|
| CALER, WILLIAM K. J<br>505 S FLAGLER DR, SUITE 900<br>W PALM BCH FL 33401 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**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 | DV<br>DRUKER, SCOTT<br>2036 HENLEY PLACE<br>WELLINGTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>DONTEN, DAVID S.<br>2334 PALM HARBOUR DRIVE<br>PALM BEACH GARDENS FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LEVINE, JOEL H<br>13654 JONQUIL PL<br>WELLINGTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>VEIL, MARK<br>19 DUNBAR ROAD<br>PALM BCH GARDENS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PORTER, SCOTT L<br>708 KITTYHAWK WAY<br>N PALM BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>CALER JR, WILLIAM K<br>234 DYER RD<br>W PALM BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (5/00)

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 SCOTT L PORTER 7-10-00 561-832-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J80135

A00028042


# CALER, DONTEN, LEVINE, DRUKER, PORTER & VEIL, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

WILLIAM K. CALER, JR., CPA
LOUIS M. COHEN, CPA
DAVID S. DONTEN, CPA
SCOTT D. DRUKER, CPA, JD
JOEL H. LEVINE, CPA
JAMES F. MULLEN, IV, CPA
SCOTT L. PORTER, CPA
MARK D. VEIL, CPA

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SUITE 900
WEST PALM BEACH
FLORIDA 33401-5948
TELEPHONE (561) 832-9292
FAX (561) 832-9455
cdlcpa@aol.com

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS


July 10, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

**Re: 2000 Uniform Business Report**

To Whom It May Concern:

Enclosed herewith please find our completed 2000 Uniform Business Report (UBR) and our check for $150.00. Upon receipt of the second notice to file the 2000 UBR, we reviewed our records and noted that we had issued a check (#9800) to the Florida Department of Revenue on April 17, 2000 for the 2000 UBR. In reviewing our bank statements, we noted that this check has not cleared the bank and apparently our original filing of the 2000 UBR on or about April 17, 2000 was lost in the mail to you.

We immediately contacted your office and were advised to write this letter explaining the circumstances, enclose a replacement check for $150.00 and request a waiver of the $400.00 late penalty. We trust this letter will sufficiently document our original attempt to file the 2000 UBR timely and allow you to waive the $400.00 penalty. Thank you in advance for your consideration of our request.

Sincerely,

Scott L. Porter
Treasurer