

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90228 020 ***150.00

DOCUMENT # J80135

1. Entity Name

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

Principal Place of Business

SCOTT PORTER
505 S FLAGLER DR. SUITE 900
W. PALM BCH. FL. 33401
US

Mailing Address

SCOTT PORTER
505 S FLAGLER DR. SUITE 900
W PALM BCH FL 33401
US

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 **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. JR.
505 S FLAGLER DR, SUITE 900
W PALM BCH FL 33401

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, 2001 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 **DV** ☐ Delete
 NAME **DRUKER, SCOTT**
 STREET ADDRESS **2036 HENLEY PLACE**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **DT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **DONTEN, DAVID S.**
 STREET ADDRESS **2334 PALM HARBOUR DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **LEVINE, JOEL H**
 STREET ADDRESS **13654 JONQUIL PL**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **DV** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **VEIL, MARK**
 STREET ADDRESS **19 DUNBAR ROAD**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

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

TITLE **DT** ☐ Delete
 NAME **PORTER, SCOTT L**
 STREET ADDRESS **708 KITTYHAWK WAY**
 CITY-ST-ZIP **N PALM BCH FL**

TITLE **DV** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **CALER JR, WILLIAM K**
 STREET ADDRESS **234 DYER RD**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)