

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36267

1. Entity Name

DEBRA C. JAMES & STANLEY W. EPSTEIN, P.A.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90072 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2189 SUNDERLAND AVE.  
WELLINGTON FL 33414  
US

2189 SUNDERLAND AVENUE  
WELLINGTON FL 33414-7723  
US

2. Principal Place of Business

3. Mailing Address

17229 GULF PINE CIR.  
Suite, Apt. #, etc.

17229 GULF PINE CIR.  
Suite, Apt. #, etc.

City & State

City & State

Wellington, FL

Wellington FL

Zip

Country

33414

USA

Zip

Country

33414

USA

4. FEI Number

65-0077598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, DEBRA C  
2189 SUNDERLAND AVE.  
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

17229 GULF PINE CIRCLE

City

Wellington

FL

Zip Code

33414

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

*Debra C. James* DEBRA C. JAMES, PRES. 1/28/2000

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

TITLE PD ☐ Delete

NAME JAMES, DEBRA C.  
STREET ADDRESS 2189 SUNDERLAND AVE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE V ☐ Delete

NAME EPSTEIN, STANLEY W  
STREET ADDRESS 2189 SUNDERLAND AVE  
CITY-ST-ZIP DELRAY BCH FL 33414

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 17229 GULF PINE CIR.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 17229 GULF PINE CIR.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DEBRA C. JAMES

1/28/00 (561) 798-1818

Date

Daytime Phone #