2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 08:00 AM
Secretary of State

DOCUMENT # **K40437**

1. Entity Name
SANDLER BURKLEY, O.D., P.A.

Principal Place of Business	Mailing Address
5230 COCONUT CREEK PARKWAY	668 EMERALD WAY WEST
MARGATE FL	DEERFIELD BCH FL
33063 US	33442 US

2. Principal Place of Business	3. Mailing Address
8110 ROYAL PALM BLVD.	4700 N.W. 96TH DRIVE
Suite, Apt. #, etc. SUITE 109	Suite, Apt. #, etc.
City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33065 / Country US	Zip 33076-244 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0083007** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKLEY, SANDLER L., O.D.
668 EMERALD WAY WEST
DEERFIELD BEACH FL
33442 US

7. Name and Address of New Registered Agent

Name
BURKLEY, SANDLER L., O.D.
Street Address (P.O. Box Number is Not Acceptable)
4700 N.W. 96TH DRIVE
City
CORAL SPRINGS **FL** Zip Code 33076-244

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 **SANDLER L. BURKLEY** **04/02/2001**
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	D ☐ Delete	TITLE	DR. ☒ Change ☐ Addition
NAME	BURKLEY SANDLER O	NAME	BURKLEY SANDLER LPRES.
STREET ADDRESS	668 EMERALD WAY WEST	STREET ADDRESS	4700 N.W. 96TH DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	CORAL SPRINGS FL 33076-244
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Sandler L. Burkley Pres 04/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #