

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78102

1. Entity Name

FREDERIC D. KAUFMAN, P.A.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90149 027 \*\*\*150.00

Principal Place of Business 9201A W SAMPLE RD SUITE 196 CORAL SPRINGS FL 33065 US	Mailing Address 9201A W SAMPLE RD SUITE 196 CORAL SPRINGS FL 33075-8774 US
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2. Principal Place of Business 505 North Main Street Suite, Apt. #, etc.	3. Mailing Address Post Office Box 1459 Suite, Apt. #, etc.
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City & State High Springs, FL	City & State High Springs, FL	4. FEI Number 65-0107917	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32643	Country Alachua	Zip 32655-1459	Country Alachua



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

KAUFMAN, FREDERIC D  
~~9201A W SAMPLE RD~~ 505 North Main Street  
~~SUITE 196~~ High Springs, FL 32643  
~~CORAL SPRINGS FL 33065~~

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 505 North Main Street  
 City High Springs FL Zip Code 32643

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 *Frederic D. Kaufman* Frederic D. Kaufman January 11, 2000  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, FREDERIC D. 3205 N.W. 88TH WAY CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary & Treasurer/Director 505 North Main Street High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Frederic D. Kaufman* Frederic D. Kaufman January 11, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 (9/99)