

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89848

1. Entity Name

FISCHBACH INVESTMENT PROPERTIES, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90040 047 \*\*\*150.00

Principal Place of Business

Mailing Address

% WILLIAM FISCHBACH  
926 N TEXAS AVENUE  
ORLANDO FL 32804

% WILLIAM FISCHBACH  
926 N TEXAS AVENUE  
ORLANDO FL 32804-6510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 David J. Menkhous  
Suite, Apt. #, etc.  
4800 N. Fed. Hwy #210A

40 David Menkhous  
Suite, Apt. #, etc.  
4800 N. Fed. Hwy #210A

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number 59-2945511

Applied For  
Not Applicable

Zip Country  
33431 Palm Beach

Zip Country  
33431 Palm Beach

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

FISCHBACH, WILLIAM  
926 N TEXAS AVENUE  
ORLANDO FL 32804

Name David J. Menkhous  
Street Address (P.O. Box Number is Not Acceptable)  
4800 N. Federal Hwy  
Suite 210-A  
City Boca Raton FL Zip Code 33431

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	FISCHBACH, WILLIAM	
STREET ADDRESS	926 N TEXAS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David J. Menkhous	
STREET ADDRESS	4800 N. Federal Hwy #210A	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Les S. Alt	
STREET ADDRESS	4800 N. Federal Hwy #210A	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

4/14/00 561-394-7910  
Date Daytime Phone #

CRE034 (9/99)