

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007007**

1. Entity Name
INTERNATIONAL FORENSIC Psychology Institute, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

915 MIDDLE RIVER DRIVE

Suite, Apt. #, etc.

401

3. Mailing Address

915 MIDDLE RIVER DRIVE

Suite, Apt. #, etc.

401

City & State

FORT LAUDERDALE

City & State

Fort Lauderdale, Florida

Zip

33304

Country

USA

Zip

33304

Country

USA

FILED
FILED
01 FEB -9 AM 10:59
01 FEB -9 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number EIN #

65-1019648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Christine P. Yates, Esq.
c/o Tripp Scott, P.A.
110 SE 6th Street, 15th Floor
Fort Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name
M. Ross Seligson, Ph.D.

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

915 Middle River Drive - #401

City

Fort Lauderdale

FL

Zip Code

33304

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 **M. Ross Seligson, Ph.D.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02.06.2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**INTERNATIONAL FORENSIC
PSYCHOLOGY INSTITUTE, LLC
GALLERIA PROFESSIONAL BUILDING
915 MIDDLE RIVER DRIVE #401
FORT LAUDERDALE, FLORIDA 33304**

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **M. Ross Seligson, Ph.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0206.2001 (954) 563-2800

CR2E083 (11/00)