

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56260

1. Entity Name

FERDINAND & SULLIVAN, P.A.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90030 049 \*\*\*150.00

Principal Place of Business

100 W. CYPRESS CREEK ROAD  
 SUITE 910  
 FT LAUDERDALE FL 33309  
 US

Mailing Address

100 W. CYPRESS CREEK ROAD  
 SUITE 910  
 FT LAUDERDALE FL 33309-2112  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0185991

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, KAREN M.  
 100 W CYPRESS CREEK RD SUITE 910  
 FT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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 VS  
 NAME FERDINAND, JON J.  
 STREET ADDRESS 100 W CYPRESS CREEK RD SUITE 910  
 CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME FERDINAND, JON J.  
 STREET ADDRESS 100 W. CYPRESS CREEK ROAD #910  
 CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PT  
 NAME SULLIVAN, KAREN M.  
 STREET ADDRESS 100 W CYPRESS CREEK RD SUITE 910  
 CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME SULLIVAN, KAREN M.  
 STREET ADDRESS 100 W. CYPRESS CREEK ROAD #910  
 CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Karen Sullivan* President

1/4/00 954-7765822

Date

Daytime Phone #

CR2E034 (9/99)