

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02257

1. Entity Name

SPITZER, SCHWARTZ AND OTEY, PROFESSIONAL ASSOCIA

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90002 038 \*\*\*150.00

Principal Place of Business

Mailing Address

6299 W SUNRISE BLVD., SUITE 110  
SUNRISE FL 33313  
US

6299 W SUNRISE BLVD., SUITE 110  
SUNRISE FL 33313-6177  
US

2. Principal Place of Business

6148 ROSE TERRACE

Suite, Apt. #, etc.

3. Mailing Address

6148 ROSE TERRACE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

59-2419937

Applied For

Not Applicable

Zip

33317

Country

Zip

33317

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OTey, JEANNIE W.  
6299 W SUNRISE BLVD., SUITE 110  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

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: *Jeannie W. Otey*

JEANNIE W. OTEY

1-25-00

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 NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, MARVIN 4931 FILMORE ST. HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTey, JEANNIE W. 6148 ROSE TERR. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, DEBRA 1632 MCKINLEY STREET HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLBERG, KATHLEEN 3351 SW 21 ST FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOMERS, LAURIE 845 SW 13TH CT POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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: *Jeannie W. Otey* JEANNIE W. OTEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 (954) 792-2707

CR2E034 (9/99)