

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56901

1. Entity Name

FLORIDA PRITIKIN CENTER, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90003 002 ***150.00

Principal Place of Business

Mailing Address

C/O SUITE 300, INC.
5875 COLLINS AVE
MIAMI FL 33140-2213

C/O SUITE 300, INC.
5875 COLLINS AVE
MIAMI FL 33140-2223

2. Principal Place of Business

3. Mailing Address

19735 TURNBERRY WAY
Suite, Apt. #, etc.

19735 TURNBERRY WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

AVENTURA FL

AVENTURA FL

4. FEI Number

59-2841506

Applied For

Not Applicable

Zip

Country

33180

USA

Zip

Country

33180

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 CP ☐ Delete
NAME FOX, SAM
STREET ADDRESS 7701 FORSYTH BLVD., STE. 600
CITY-ST-ZIP ST. LOUIS MO 63106

TITLE SENIOR VICE PRESIDENT (V) ☐ Change ☒ Addition
NAME LEHR, PAUL
STREET ADDRESS 19735 TURNBERRY WAY
CITY-ST-ZIP AVENTURA FL 33180

TITLE VP ☐ Delete
NAME LEHR, MIRA E
STREET ADDRESS 5215 PINE TREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☒ Change ☐ Addition
NAME LEHR, ELIZABETH
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MIKUM, JOAN
STREET ADDRESS 5875 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☒ Change ☐ Addition
NAME MIKUM, JOAN
STREET ADDRESS 19735 TURNBERRY WAY
CITY-ST-ZIP AVENTURA FL 33180

TITLE T ☐ Delete
NAME BAUER, ROBERT
STREET ADDRESS 4531 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE T ☒ Delete
NAME TILLEY, PAUL
STREET ADDRESS 5875 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE D ☒ Delete
NAME FLOYD, MARIA K
STREET ADDRESS 24 INDIAN CREEK ISLAND
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ 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)(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:

Paul Tager Lehr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 305-935-7100
Date Daytime Phone #

CR2E034 (9/99)