

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005397

1. Entity Name

THE BORLAND CENTER, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90091 002 ****61.25

04-316

Principal Place of Business

Mailing Address

3970 RCA BLVD SUITE 7009
PALM BEACH GARDENS FL 33410

3970 RCA BLVD SUITE 7009
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1039309

Applied For

Not Applicable

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

SMITH, AMY ESQ
WALTON LANTOFF SCHROEDER AND CARSON
1645 PALM BEACH LAKES BLVD #800
WEST PALM BEACH FL 33401

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME *PRESIDENT/DIRECTOR*
STREET ADDRESS *H.R. GONZALEZ, JR.*
CITY-ST-ZIP *117 ELSA RD
JUPITER FL 33477*

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

TITLE ☐ Delete
NAME *VICE PRESIDENT/SECRETARY/DIRECTOR*
STREET ADDRESS *DR. RAYMOND UNDERWOOD*
CITY-ST-ZIP *268 COCO PLUM DRIVE NO
JUPITER FL 33458*

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

TITLE ☐ Delete
NAME *TREASURER/DIRECTOR*
STREET ADDRESS *MICHAEL KELLY*
CITY-ST-ZIP *ONE OLD MEADOW WAY
PALM BEACH GARDENS FL 33418*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01 561-626-2507

CR2E037 (10/00)