

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90008 031 ****61.25

DOCUMENT # N05787

1. Entity Name

CENTERONE, INC.

INCORPORATED 10/23/1984

Principal Place of Business

Mailing Address

**2817 EAST OAKLAND PARK BLVD
 SUITE 200
 FORT LAUDERDALE FL 33306-1813
 US**

**2817 EAST OAKLAND PARK BLVD
 SUITE 200
 FT. LAUDERDALE FL 33306-1889
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2532270

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KENT, N
 800 E BROWARD BLVD
 STE 310
 FT LAUD FL 33301**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, WILLIAM	
STREET ADDRESS	2805 E OAKLAND PARK BLVD #219	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MOREY, GARY	
STREET ADDRESS	1356 S.W. 12 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROULHAC, J	
STREET ADDRESS	757 NW 99 CIR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WEATHERHEAD, JOHN C	
STREET ADDRESS	3015 N OCEAN BLVD STE 111	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGORY, RAY	
STREET ADDRESS	100 N.E. 3 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDD, R B	
STREET ADDRESS	2724 NE 22 ST	
CITY-ST-ZIP	FT LAUD FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTRO, CLARISSA	
STREET ADDRESS	7331 N.W. 48TH STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

PHONE: (954) 537-4111

SIGNATURE

JOHN WEATHERHEAD

JOHN WEATHERHEAD, EXECUTIVE DIRECTOR 2/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #