

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2000 08:00 AM
Secretary of State

DOCUMENT # N49218

1. Entity Name

SOUTH FLORIDA COUNCIL ON STATE TAXATION, INC.

Principal Place of Business

Mailing Address

200 S ANDREWS AVE
C/O TAX DEPT-10TH FLOOR
FT LAUDERDALE
33301 US FL

PO BOX 359001
C/ TAX DEPT, 10-FLOOR
FT LAUDERDALE
33335 US FL

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

65-0338237

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

GUTTER & JOSEPH P.A.

1 E BROWARD BLVD

SUITE 1001

FT LAUDERDALE

33301

US

FL

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.)

03/27/2000

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 DT ☐ Delete
NAME DURIG MARTY
STREET ADDRESS 11312 LONGSHORE WAY W.
CITY-ST-ZIP MAPLES FL

TITLE DT ☒ Change ☐ Addition
NAME DURIG MARTY
STREET ADDRESS 11312 LONGSHORE WAY W.
CITY-ST-ZIP NAPLES FL

TITLE VT ☐ Delete
NAME WHITE DAN
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

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

TITLE PT ☐ Delete
NAME SIEGEL DAVID R
STREET ADDRESS 200 S ANDREWS, C/O TAX DEPT, 10TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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.