2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # N93000004346 May 31, 2000 8:00 am Secretary of State FLORIDA TAX REDUCTION MOVEMENT, INC. 05-31-2000 90005 049 ****61.25 Mailing Address Principal Place of Business 830 NE 18 ST. 275 E OAKLAND PARK BLVD FT LAUDERDALE FL 33305-3804 FORT LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business Andrews Ave. 3625 N. Andrews Ave 3652 N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-044 1587 auderdale Lauderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3309 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME Street Address (P.O. Box Number is Not Acceptable) BLOCK, MICHAEL New 275 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33334 3309 City uderdale 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PO Change ☐ Addition PD Delete TITI F TITLE Block Michael 3652 N. ANDREWS AVE NAME BLOCK, MICHAEL NAME STREET ADDRESS STREET ADDRESS 275 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 Addition □ Change Delete TITLE TITLE DT Larry Finkelstein 3652 N. Andrews Ave NAME NAME DOLAN, MARK T STREET ADDRESS STREET ADDRESS 180 S LAKE AVE Ft. Lauderdale .FL CITY-ST-ZIP CITY-ST-ZIP Pasadena ca 91101 DT Addition ☐ Change Delete TITLE TITLE Amy Bergey 3652 N. Andrews Ave: NAME HARTLESS, ROBERT STREET ADDRESS STREET ADDRESS 9 BAY HARBOR RD. CITY-ST-ZIE Ft. Lauderdale CITY-ST-ZIP TEQUESTA FL 33469 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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