

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002226

1. Entity Name

IBIS ADVISORY BOARD, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90068 013 ****61.25

Principal Place of Business

6650 AUDUBON TRACE WEST
WEST PALM BEACH FL 33412

Mailing Address

6650 AUDUBON TRACE WEST
WEST PALM BEACH FL 33412-3001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9055 Ibis Blvd

3. Mailing Address

9055 Ibis Blvd

Suite, Apt. #, etc.

90 Ibis POA

Suite, Apt. #, etc.

90 Ibis POA

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33412

Country

US

Zip

33412

Country

US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHNSTEIN, LEONARD
6650 AUDUBON TRACE WAY
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name John Boddie

Street Address (P.O. Box Number is Not Acceptable)

10314 Osprey Trace

City

West Palm Beach FL

Zip Code

33412

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

John Boddie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March, 11, 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:

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTENAU, ALAN	
STREET ADDRESS	8533 EGRET MEADOW LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	BODDIE, JOHN	
STREET ADDRESS	10314 OSPREY TRACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	COHNSTEIN, LEONARD	
STREET ADDRESS	6650 AUDUBON TRACE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	COX, WILLIAM	
STREET ADDRESS	8060 SANDHILL COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FABYAN, JAMES	
STREET ADDRESS	8360 HERITAGE CLUB DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANK, TED	
STREET ADDRESS	8964 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sydneey Katz	
STREET ADDRESS	10769 Waterford Place	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Bowles	
STREET ADDRESS	7551 Blue Heron Way	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Boddie	
STREET ADDRESS	10314 Osprey Trace	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Queiroz	
STREET ADDRESS	8166 Quail Meadow Way	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Cohnstein	
STREET ADDRESS	6650 Audubon Trace	
CITY-ST-ZIP	West Palm Beach, FL 33412	
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.

SIGNATURE:

John Boddie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-00 561-685-6523

CR2E037 (9/99)