

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000046473**

1. Entity Name

SEBRING & ASSOCIATES, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90055 050 ***150.00

0331489

Principal Place of Business

3422 NORTHWEST 51ST PLACE
BOCA RATON FL 33496

Mailing Address

3422 NORTHWEST 51ST PLACE
BOCA RATON FL 33496

2. Principal Place of Business

6601 LYONS ROAD

Suite, Apt. #, etc.

SUITE I 10

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

3. Mailing Address

6601 LYONS ROAD

Suite, Apt. #, etc.

SUITE I 10

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1007733

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **DONALD RESNICK**

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

3422 NW 51 PLACE**BOCA RATON, FL**

City

FL

Zip Code

33496

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

1/5/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HIGGINS, JOHN J**
STREET ADDRESS **3422 NORTHWEST 51ST PLACE**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE **STD** ☐ Delete
NAME **RESNICK, DONALD W**
STREET ADDRESS **3422 NORTHWEST 51ST PLACE**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6929 NW 63 WAY**
CITY-ST-ZIP **PANLAND, FL 33067**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/01 9144274427

CR2E034 (10/00)