

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90002 031 ***150.00

DOCUMENT # P00000066360

1. Entity Name
CANDEE G.P. INC.

Principal Place of Business	Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433	7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433

2. Principal Place of Business	3. Mailing Address
700 S. Federal Hwy. Suite 200-SZG Boca Raton, FL 33432	700 S. Federal Hwy. Suite 200-SZG Boca Raton, FL 33432



DO NOT WRITE IN THIS SPACE

4. FEI Number	65103500A	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

GARELLEK, STEVEN
 7000 WEST PALMETTO PARK ROAD SUITE 200
 BOCA RATON FL 33433

Name	
Street Address	Garellek, Steven
	700 S. Federal Hwy., Suite 200
	Boca Raton, FL 33432
City	
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 *Morton Candee*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MORTON CANDEE	
STREET ADDRESS	63 A EASTGATE DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Morton Candee*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01 561-736-6517
 Date Daytime Phone #

CR2E034 (10/00)