

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P38611**

1. Entity Name

**IVY MANAGEMENT, INC.**

Principal Place of Business

**700 S. FEDERAL HIGHWAY, SUITE 300  
BOCA RATON FL 33432**

Mailing Address

**700 S. FEDERAL HIGHWAY, SUITE 300  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**04-2813653**

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

**FERRIS, WILLIAM C.  
700 S FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON FL 33432**

Name

**Keith J. Carlson**

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

**700 South Federal Highway, Suite 300**

City

**Boca Raton****FL**

Zip Code

**33432**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	C		<input type="checkbox"/> Delete		S		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	CARLSON, KEITH J	700 S FEDERAL HWY #300	BOCA RATON FL 33432		Lisa A. Lupi	700 South Federal Hwy #300	Boca Raton, FL 33432
	D		<input type="checkbox"/> Delete		T		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	LOVATT, NEIL	150 BLOOR ST W	TORONTO, ONTARIO CN M5S-385		Beverly J. Yanowitch	700 South Federal Hwy #300	Boca Raton, FL 33432
	ST		<input checked="" type="checkbox"/> Delete		CD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	FERRIS, WILLIAM C.	700 S. FEDERAL HWT, SUITE 300	BOCA RATON FL		Keith J. Carlson	700 South Federal Hwy #300	Boca Raton, FL 33432
	P		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BROADFOOT, JAMES W.	700 S FEDERAL HWY #300	BOCA RATON FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HUNTER, JAMES	700 S FEDERAL HWY STE 300	BOCA RATON FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90053 018 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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