

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015038

1. Entity Name

W-THIRD AVENUE, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90148 033 \*\*\*150.00

Principal Place of Business

Mailing Address

~~WILLIAM D. HORVITZ~~  
450 E LAS OLAS BLVD. #900  
FT. LAUDERDALE FL 33301  
US

~~WILLIAM D. HORVITZ~~  
450 E LAS OLAS BLVD. #900  
FT. LAUDERDALE FL 33301-2223  
US

2. Principal Place of Business

3. Mailing Address

450 East Las Olas Boulevard  
Suite 900  
Ft. Lauderdale, FL 33301

450 East Las Olas Boulevard  
Suite 900  
Ft. Lauderdale, FL 33301



DO NOT WRITE IN THIS SPACE

Zip

Country

US

Zip

Country

US

4. FEI Number

65-0382827

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

HORVITZ, WILLIAM D-  
450 E LAS OLAS BLVD, #900  
FT LAUDERDALE FL 33301

Name

DAVID W HORVITZ

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

450 East Las Olas Boulevard  
Suite 900

City

Ft. Lauderdale, FL 33301

FL

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

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, 2000 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	DPST	<input checked="" type="checkbox"/> Delete
NAME	HORVITZ, WILLIAM D	
STREET ADDRESS	450 E LAS OLAS BLVD #900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORVITZ, DAVID W	
STREET ADDRESS	450 E LAS OLAS BLVD #900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURTON, MELVIN F	
STREET ADDRESS	450 E LAS OLAS BLVD #900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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
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 checked="" type="checkbox"/> Addition
NAME	LINDA H ROTH	
STREET ADDRESS	450 E Las Olas Blvd., Suite 900	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT J PUCK	
STREET ADDRESS	450 E Las Olas Blvd., Suite 900	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASST SECRETARY	
STREET ADDRESS	VIRGINIA J BAKER	
CITY-ST-ZIP	450 E Las Olas Blvd., Suite 900	
	Fort Lauderdale, FL 33301	

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 #

CR2E034 (9/99)