

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90182 038 \*\*\*158.75

DOCUMENT # P93000009525

1. Entity Name

CARNEY-NEUHAUS, INC.

Principal Place of Business

Mailing Address

BISCAYNE BLVD  
 STE 200  
 MIAMI BEACH FL 33137

3050 BISCAYNE BLVD  
 STE 200  
 MIAMI BEACH FL 33137-4143

2. Principal Place of Business

3. Mailing Address

3050 BISCAYNE BLVD 3050 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 200

STE 200

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33137

USA

33137

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHINDLER, ROGER J.  
 2650 BISCAYNE BLVD  
 MIAMI FL 33137

Name

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

City

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PS	CARNEY, ELEANOR J.		
3050 BISCAYNE BLVD. STE 200			
MIAMI BCH. FL 33137			
VP	STEVENSON, DENNIS		
11911 US HIGHWAY 1, STE 120			
PALM BEACH GARDENS FL 33408			
BOB	O'CONNER, WILLIAM D	PRINCIPAL OFFICER OF SUPERVISING	
11911 US HIGHWAY 1, STE 120			
PALM BEACH GARDENS FL 33408			

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 #

2-8-2000 (305) 576-9990

CR2E034 (9/99)