

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90044 046 \*\*\*150.00

**DOCUMENT # P93000012389**

1. Entity Name

**HOLTZMAN THERAPY CENTER INC.**

Principal Place of Business

Mailing Address

~~576 RIVERSIDE DR.~~  
~~CORAL SPRINGS FL 33071~~

~~576 RIVERSIDE DR.~~  
~~CORAL SPRINGS FL 33065-4144~~

2. Principal Place of Business

**1980 N.W. 127 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**1980 N.W. 127 TERRACE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**CORAL SPRINGS, FLORIDA**

City & State

**CORAL SPRINGS, FLORIDA**

4. FEI Number

**65-0406705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLTZMAN, SANDRA R**  
**576 RIVERSIDE DR.**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

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

**1980 N.W. 127 TERRACE**

City

**CORAL SPRINGS**

FL

Zip Code

**33071**

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 of Sandra R. Holtzman)*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-1-00**

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

TITLE **D** ☐ Delete  
NAME **HOLTZMAN, SANDRA R**  
STREET ADDRESS **576 RIVERSIDE DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ Delete  
NAME **REIFF, SCOTT**  
STREET ADDRESS **576 RIVERSIDE DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS **1980 N.W. 127 TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS, FLORIDA 33071**

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature of Sandra R. Holtzman)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-1-00 (954) 555-22**