

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019352

1. Entity Name

CENTERGY, INC.

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90069 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1155 HILLSBORO MILE A1A  
SUITE 602  
HILLSBORO BEACH FL 33062-1744  
US

1155 HILLSBORO MILE A1A  
SUITE 602  
HILLSBORO BEACH FL 33062  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0418459

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

LEIBOWITZ, PATRICIA  
1155 HILLSBORO MILE SUITE 602  
SUITE 602  
HILLSBORO BEACH FL 33062

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

TITLE D ☐ Delete  
NAME LEIBOWITZ, MARTIN N  
STREET ADDRESS 1155 HILLSBORO MILE A1A SUITE 602  
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE P/D ☒ Change ☐ Addition  
NAME LEIBOWITZ, MARTIN N.  
STREET ADDRESS 1155 HILLSBORO MILE Suite 602  
CITY-ST-ZIP Hillsboro Beach, FL 33062

TITLE D ☐ Delete  
NAME BONACCURSO, ELVIRA  
STREET ADDRESS 827 N SOUTHLAKE DR  
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE D ☐ Delete  
NAME BONACCURSO, JOSEPH  
STREET ADDRESS 827 N SOUTHLAKE DR  
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE D ☐ Delete  
NAME RUBIN, HOWARD K  
STREET ADDRESS 1101 RIVER REACH DR SUITE 3-208  
CITY-ST-ZIP FT LAUDERDALE FL 33315

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

TITLE D ☐ Delete  
NAME LEIBOWITZ, PATRICIA  
STREET ADDRESS 1155 HILLSBORO MILE SUITE 602  
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE S/T/D ☒ Change ☐ Addition  
NAME LEIBOWITZ, PATRICIA  
STREET ADDRESS 1155 Hillsboro Mile Suite 602  
CITY-ST-ZIP Hillsboro Beach, FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA LEIBOWITZ, SECRETARY

Date

Daytime Phone #

3-27-2000 (954) 480-6485

CR2E034 (9/99)