

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90027 013 \*\*\*150.00

0616665

**DOCUMENT # P93000019352**

1. Entity Name

**CENTERGY, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0418459**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, MARTIN N</b>	
STREET ADDRESS	<b>1155 HILLSBORO MILE A1A SUITE 602</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BONACCURSO, ELVIRA</b>	
STREET ADDRESS	<b>827 N SOUTHLAKE DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BONACCURO, JOSEPH</b>	
STREET ADDRESS	<b>827 N SOUTHLAKE DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUBIN, HOWARD K</b>	
STREET ADDRESS	<b>1101 RIVER REACH DR SUITE 3-208</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, PATRICIA</b>	
STREET ADDRESS	<b>1155 HILLSBORO MILE SUITE 602</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL 33062</b>	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patricia Leibowitz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PATRICIA LEIBOWITZ, Secretary-Treasurer**

*Dec/Trans 4-6-2001*  
 Date

*(954) 480-6485*  
 Daytime Phone #

CR2E034 (10/00)