

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90053 019 ***158.75

DOCUMENT # P93000039270

1. Entity Name

IVY MACKENZIE DISTRIBUTORS, INC.

Principal Place of Business

700 S. FEDERAL HWY.
SUITE 700
BOCA RATON FL 33432

Mailing Address

700 S. FEDERAL HWY.
SUITE 700
BOCA RATON FL 33432

2. Principal Place of Business

700 South Federal Hwy

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Address

700 South Federal Hwy

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton, FL

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0417837

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRIS, C. WILLIAM
700 S. FEDERAL HWY.
SUITE 300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Keith J. Carlson

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

700 South Federal Highway, Suite 300

City

Boca Raton

FL

Zip Code

33432

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

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, C. WILLIAM	
STREET ADDRESS	700 S. FEDERAL HWY., SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIVIN, THOMAS	
STREET ADDRESS	700 S. FEDERAL HWY., SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLSON, KEITH J	
STREET ADDRESS	700 S. FEDERAL HWY., SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERGSTEIN, MAXINE	
STREET ADDRESS	700 S FEDERAL HWY STE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	YANOWITCH, BEVERLY	
STREET ADDRESS	700 S FEDERAL HWY STE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VETTER, LANCE E	
STREET ADDRESS	700 S. FEDERAL HWY, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula K. Wolfe	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly J. Yanowitch	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Barrett	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Brandfoot	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
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		

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 (10/00)