

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008964

1. Entity Name

LEVY, KNEEN, MARIANI, CURTIN, KORNFELD & DEL RUS

Principal Place of Business

1400 CENTREPARK BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401

Mailing Address

1400 CENTREPARK BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401

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 65-0465861

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

KNEEN, JEFFREY D  
1400 CENTREPARK BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401

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 DPT  
NAME KNEEN, JEFFREY D  
STREET ADDRESS 1400 CENTREPARK BLVD., SUITE 1000  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE DVS  
NAME DEL RUSSO, ALEXANDER D  
STREET ADDRESS 1400 CENTREPARK BLVD., SUITE 1000  
CITY-ST-ZIP WEST PALM BEACH FL ☒ Delete

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

TITLE DV  
NAME MARIANI, JOHN F.  
STREET ADDRESS 1400 CENTREPARK BLVD., SUITE 1000  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE  
NAME Sec.  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DV  
NAME CURTIN, J. BARRY  
STREET ADDRESS 1400 CENTREPARK BLVD., SUITE 1000  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

1-5-01 561-478-4700

Date

Daytime Phone #

CR2E034 (10/00)

0281516

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90244 036 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE