

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90080 027 \*\*\*550.00

**DOCUMENT # P94000043885**

1. Entity Name

**THOMAS R. WADDELL, PH.D., P.A.** ✓

Principal Place of Business

4440 PGA BLVD SUITE 403  
 PALM BEACH GARDENS FL 33410

Mailing Address

6502 WINDING LAKE DR.  
 JUPITER FL 33458-3788

2. Principal Place of Business

9121 NDRTH MILITARY TRAIL  
 Suite, Apt. #, etc.  
**SUITE 218**

3. Mailing Address

**AS ABOVE**  
 Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS**

City & State

**JUPITER FL**

Zip

**33410**

Country

Zip

**33458**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0502237**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WADDELL, THOMAS R**  
**4440 PGA BLVD SUITE 403**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **THOMAS R WADDELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6502 WINDING LAKE DRIVE**  
 City **JUPITER** FL Zip Code **33458**

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 *Thomas R. Waddell*  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WADDELL, THOMAS R</b>
STREET ADDRESS	<b>4440 PGA BLVD SUITE 403</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS R. WADDELL</b>
STREET ADDRESS	<b>6502 WINDING LAKE DRIVE</b>
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>
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	
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:

*Thomas R. Waddell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-6-00** 561 741 0654  
 Date Daytime Phone #

CR2E034 (5/00)