

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

DOCUMENT # P94000056803

1. Entity Name

A SELECT FEW, INC.

APPROVED  
AND  
FILED

00 JUL 24 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

222 LAKEVIEW AVE. 260  
W PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE. 260  
W PALM BEACH FL 33401

2. Principal Place of Business

1127 Seminole E  
Suite, Apt. #, etc.

3. Mailing Address

1127 Seminole E  
Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33477

Country

USA

Zip

33477

Country

USA

4. FEI Number

65-0518948

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M  
222 LAKEVIEW AVE, 260  
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

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 \$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 D ☐ Delete  
NAME PFEFFER, SUZANNE  
STREET ADDRESS 1127 SEMINOLE EAST, 20C  
CITY-ST-ZIP JUPITER FL 33477

TITLE D ☒ Delete  
NAME GOTTLIEB, MARY  
STREET ADDRESS 28 PORTA VISTA CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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

7/17/00

581-7470506

CR2E034 (5/00)

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To Whom It May Concern —

As per my conversation with your department, I am enclosing \$150.00 for payment and this explanation.

my former partner, Mary Gottlieb, (now deleted on form) never sent me first notification for payment. We are not in contact.

Please consider waiving the penalty.

I always pay all bills in advance and will continue to do so. I would never let such an amount go as I cannot afford it.

If you need proof, please call the registered agent on the form at 561-659-4020.

You will see that they sent it to her.

Thank you.

Susan P. Lyffer

P.S. I received this notification July 15, 2000 from agent.