

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070936

1. Entity Name  
UNIVERSAL GAP PLAN, INC.

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90027 025 \*\*\*150.00

Principal Place of Business  
2090 PALM BEACH LAKES BLVD  
#200  
WEST PALM BCH FL 33409  
US

Mailing Address  
2090 PALM BEACH LAKES BLVD  
#200  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0551761

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

TANEN, JEFFREY S  
GOLDSTEIN & TANEN, P.A.  
2 SOUTH BISCAYNE BLVD., SUITE 3250  
MIAMI FL 33131

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                      | D                                     | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | FRYE, GLEN                            |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2090 PALM BEACH LAKES BLVD, SUITE 200 |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33409              |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      | D                                     | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | GERSTNER, BOB                         |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2090 PALM BEACH LAKES BLVD, SUITE 200 |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33409              |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      | D                                     | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | DEAN, PATRICIA B.                     |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2235 OKEECHOBIE BLVD                  |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL                    |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      | D                                     | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | BARKMAN, MICHELE                      |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2090 PALM BEACH LAKES BLVD, UNIT 200  |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33409              |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                       |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                       |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                       |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                       |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                       |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                       |                                 |  | 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: *Michele Barkman* MICHELE BARKMAN 2-12-01 561-478-0588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)