

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001479

1. Entity Name

FLORIDA LIPD ASSOCIATES INCORPORATED

Principal Place of Business

222 WESTMONTE DR  
STE 101  
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 150127  
ALTAMONTE SPRINGS FL 32715-0127

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 59-3292015

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

BERRY, NANCY  
222 S. WESTMONTE DR  
STE 101  
ALTAMONTE SPRINGS FL 32714

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ZIAKA, PAUL	
STREET ADDRESS	1315 S. ORANGE AVE, S-3A	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLANCKE, KIM ME	
STREET ADDRESS	695 N. CYCLE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOROWTZ, BARRY	
STREET ADDRESS	1411 N FLAGLER DR., S-4600	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, NANCY	
STREET ADDRESS	222 S. WESTMONTE DR, STE 101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAFFE, JONATHAN	
STREET ADDRESS	4925 SHERIDAN ST STE 200	
CITY-ST-ZIP	HOLLYWOOD FL 32021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1511-B Sligh Blvd	
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		
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Hollywood FL 33021	
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

3/7/00

Date

407/774-7880

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

U A I T A

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90035 050 \*\*\*150.00