

# 2000 UNIFORM BUSINESS REPORT (UBR)

0585928

DOCUMENT # P95000005975

FILED

00 APR 26 PM 12:59

1. Entity Name

SYNADYNE V, INC.

Principal Place of Business

1144 E NEWPORT DRIVE  
DEERFIELD BCH FL 33442  
US

Mailing Address

1144 N NEWPORT CTR DR  
DEERFIELD FL 33442  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0561889

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

LEFCORT, ROBERT A.  
1144 E NEWPORT CTR DR  
SUITE 1200  
DEERFIELD FL 33442

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island

City Plantation

FL

Zip Code 33324

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.

PETER F. SOUZA  
ASSISTANT SECRETARY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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 VPD ☒ Delete  
NAME BURRELL, PAUL M  
STREET ADDRESS 1144 E NEWPORT CTR DR  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE VPD ☐ Change ☒ Addition  
NAME Meier, Garry E.  
STREET ADDRESS 1144 E. Newport Center Drive  
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE S ☒ Delete  
NAME HINZE, DAVID  
STREET ADDRESS 1144 E NEWPORT CTR DR  
CITY-ST-ZIP DEERFIELD FL

TITLE VPT ☐ Change ☒ Addition  
NAME Peterson, Jon H.  
STREET ADDRESS 1144 E. Newport Center Drive  
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE P ☒ Delete  
NAME LEPERT, ROBERT A  
STREET ADDRESS 1144 EAST NEWPORT CTR DRIVE  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE CFOVPD ☒ Change ☐ Addition  
NAME 400003241764--0  
STREET ADDRESS -05/08/00--01011--008  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE T ☐ Delete  
NAME FRANCIS, SCOTT R  
STREET ADDRESS 1144 E NEWPORT CTR DR  
CITY-ST-ZIP DEERFIELD BCH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Jon H. Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)