

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013431

1. Entity Name

WILLIAM FINGER, PHD., P.A.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90063 010 \*\*\*150.00

Principal Place of Business

12989 SOUTHERN BLVD  
STE 102  
LOXAHATCHEE FL 33470  
US

Mailing Address

12989 SOUTHERN BLVD  
SUITE 102  
LOXAHATCHEE FL 33470-9205  
US

2. Principal Place of Business

3. Mailing Address

4863 NW 66TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAUDERHILL

City & State

City & State

FL

4. FEI Number

65-0558106

Applied For

Not Applicable

Zip

Country

Zip

33319

Country

USA

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

FINGER, WILLIAM  
3130 MILLWOOD TERRACE, M 215  
BOCA RATON FL 33431

Name FINGER, WILLIAM

Street Address P.O. Box Number is Not Applicable  
4863 NW 66TH AVE

City LAUDERHILL

FL

Zip Code 33319

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 D  
NAME FINGER, WILLIAM  
STREET ADDRESS 3130 MILLWOOD TERRACE, M 215  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE P  
NAME FINGER, WILLIAM  
STREET ADDRESS 4863 NW 66TH AVE  
CITY-ST-ZIP LAUDERHILL FL 33319 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

William Finger, PHD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000 954.236.0740

Date

Daytime Phone #

CR2E034 (9/99)