

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90014 047 \*\*\*150.00

**DOCUMENT # P95000043765**

1. Entity Name

**LOUIS ANTHONY & ASSOCIATES, INC.**

00001404



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

898 SW 17 STREET  
 BOCA RATON FL 33486  
 US

898 S.W. 17TH STREET  
 BOCA RATON FL 33486-6935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0629111

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

DUNAY, GARY  
 5355 TOWN CENTER ROAD  
 SUITE 801  
 BOCA RATON FL 33486

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 PSTD  Delete  
 NAME VERDIBELLO, ANTHONY  
 STREET ADDRESS 898 S.W. 17TH STREET  
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE  Change  Addition  
 NAME V MICHELLE FERLAND  
 STREET ADDRESS 898 S.W. 17th ST  
 CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V  Delete  
 NAME HOUSE, CURTIS  
 STREET ADDRESS 898 S.W. 17TH STREET  
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 1/5/99 561-391-6080  
 Date Daytime Phone #

CFE034 19/99