

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052675

1. Entity Name

FLORIDA INSTITUTE OF REHABILITATION & SPORTS TRA

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90106 040 ***150.00

Principal Place of Business

Mailing Address

%JUPITER LAW CENTER
6390 INDIANTOWN RD., SUITE 30
JUPITER FL 33458

%JUPITER LAW CENTER
6390 INDIANTOWN RD., SUITE 30
JUPITER FL 33458-4657

2. Principal Place of Business

3. Mailing Address

733 Teal Way
Suite, Apt. #, etc.

733 Teal Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

65-0722790

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired ☐ Fee: Required

\$8.75 Additional
Fee: Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, MICHAEL T
1920 PALM BEACH LAKES BOULEVARD
SUITE 110
WEST PALM BEACH FL 33409

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP NICHOLS, MICHAEL T 733 TEAL WAY N PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)