

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064697

1. Entity Name

DONALD HERBSTMAN P.E., C.S.P., P.A.



**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90007 033 \*\*\*150.00

Principal Place of Business

145 OAKWOOD LANE  
PALM BEACH GARDENS FL 33410

Mailing Address

145 OAKWOOD LANE  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0603412

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

HERBSTMAN, DONALD  
145 OAKWOOD LN  
PALM BEACH FL 33410

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME HERBSTMAN, DONALD  
STREET ADDRESS 145 OAKWOOD LN  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

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

TITLE STD  
NAME HERBSTMAN, SHEVI  
STREET ADDRESS 145 OAKWOOD LN  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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 #

8/10/00

704-849-9077

CR2E034 (5/00)

Attachment  
DOC # P95000064697  
A0072589

081400

**DONALD HERBSTMAN, PE, CSP, PA**  
**145 OAKWOOD LANE**  
**PALM BEACH GARDENS, FL 33410**  
**561-691-1166**  
**FAX 561-625-8810**

August 10, 2000

Division of Business Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2000 UNIFORM BUSINESS REPORT – LATE FILING FOR P95000064697  
DONALD HERBSTMAN PE, CSP, PA

Dear Sir or Madam,

I recently received a second notice of filing due for my 2000 Uniform Business Report. As you will note from the enclosed address shown on the mailing label for this notice, I am temporarily living in Charlotte N.C.

My wife and I have been in Charlotte since early 2000, helping with our grandchildren, while our daughter and son-in-law, who also relocated here, settle in with new jobs and a new place to live. When we left Palm Beach Gardens, we requested that our mail be forwarded to Charlotte. Unfortunately we have had several experiences where mail arrived late or sometimes not at all.

I realize that I am late with the 2000 report and fee, but I hope you will understand the extenuating circumstances. Accordingly, I am enclosing the original \$150.00 fee with the completed report. I hope my explanation of the late filing will be acceptable to you. I can also assure you that it will not happen again.

Thank you for your consideration in this matter.

Sincerely yours,



Donald Herbstman

081400



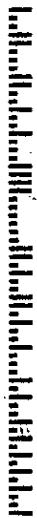
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Attachment  
DOC# P9500064697  
A0072589



TO: 0083542 AF \*\*AUTO T6 1 1297 33410-149745

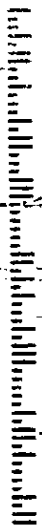


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DONALD HERBSTMAN P.E., C.S.P., P.A.  
145 OAKWOOD LANE  
PALM BEACH GARDENS FL 33410-1497

HERB145 T334103023 1500 06 07/07/00

HERBSTMAN  
4716-104 ALEXANDER VALLEY DR  
CHARLOTTE NC 28270-1520



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