

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90077 045 \*\*\*150.00

**DOCUMENT # P95000081287**

1. Entity Name

**SMALL BUSINESS OWNER'S ASSOCIATION OF AMERICA, I**

Principal Place of Business

Mailing Address

2000 PALM BEACH LAKES BLVD.  
 4TH FLOOR  
 WEST PALM BEACH FL 33409

2000 PALM BEACH LAKES BLVD.  
 4TH FLOOR  
 WEST PALM BEACH FL 33409-6503

00022206



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 **65-0614293**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name **Lawrence W. Smith, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**701 US Hwy 1 @ Suite 402**

City **North Palm Beach FL** Zip Code **33462**

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

**2-8-00**

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	PTD	<input type="checkbox"/> Delete
NAME	EISENBERG, JASON	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	EISENBERG, STEVE	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eisenberg, Jason	Same
STREET ADDRESS	2000 Palm Beach Lakes Blvd	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	V, S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eisenberg, Todd	
STREET ADDRESS	2000 Palm Beach Lakes Blvd.	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

**President**

Date

**Feb. 11/00**

Daytime Phone #

**561-616-9000**