

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000084973**

1. Entity Name

**COLLINSWORTH, ALTER, LAMBERT, INC.****FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90011 039 \*\*\*158.75

Principal Place of Business

Mailing Address

**600 SANDTREE DR., SUITE 101  
PALM BEACH GARDENS FL 33403****600 SANDTREE DR., SUITE 101  
PALM BEACH GARDENS FL 33403-1538**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0646888**

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

**ROBINSON, RAYMOND L  
1501 VENERA AVENUE  
SUITE 300  
CORAL GABLES FL 33146**

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	<b>P</b> <b>LAMBERT, DON A JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>600 SANDTREE DRIVE, SUITE 101</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33403</b>	
TITLE NAME	<b>VPD</b> <b>NIELSON, CHARLES J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9260 S.W. 140 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE NAME	<b>S</b> <b>DOWLING, LYNN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>19197 NW 13TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>President</b> <b>Lambert, Don A. Jr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8346 150th Place North</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles J. Nielson, VPD**

3-23-00

Date

305-822-7800

Daytime Phone #