

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015816

1. Entity Name

JOHN G. IGOE, P.A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90056 013 \*\*\*150.00

Principal Place of Business

~~250 ROYAL PALM WAY~~  
~~SUITE 300 ---~~  
~~PALM BEACH FL 33480~~

Mailing Address

~~250 ROYAL PALM WAY~~  
~~SUITE 300 ---~~  
~~PALM BEACH FL 33480~~

2. Principal Place of Business

c/o Edwards & Angell, LLP  
Suite, Apt. #, etc. Suite 400  
One North Clematis Street

3. Mailing Address

c/o Edwards & Angell, LLP  
Suite, Apt. #, etc. Suite 400  
One North Clematis Street

City & State

West Palm Beach FL

Zip 33401

Country USA

City & State

West Palm Beach FL

Zip 33401

Country USA

4. FEI Number

65-0643708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IGOE, JOHN G  
~~250 ROYAL PALM WAY --~~  
~~SUITE 300 --~~  
~~PALM BEACH FL 33480 --~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

c/o Edwards & Angell, LLP

One North Clematis Street, Suite 400

City

West Palm Beach

FL

Zip Code 33401

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

*John G. Igoe*

4/23/2001

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, 2001 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

TITLE **DIR -** ☐ Delete  
NAME **IGOE, JOHN G**  
STREET ADDRESS **250 ROYAL PALM WAY, SUITE 300**  
CITY-ST-ZIP **PALM BEACH FL -**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **One North Clematis Street, Suite 400**  
CITY-ST-ZIP **West Palm Beach FL 33401**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*John G. Igoe*

4/23/2001

561-833-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. IGOE, PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)