

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029412

1. Entity Name

ARROWHEAD CAPITAL CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90197 027 ***150.00

Principal Place of Business	Mailing Address
4420 BEACON CIR STE 100 W PALM BEACH FL 33407 US	4420 BEACON CIR 100 W PALM BEACH FL 33407-3281 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1555 Palm Beach Lakes Blvd	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1510	SAME

City & State	City & State
West Palm Beach FL	

Zip	Country	Zip	Country
33401	Palm Beach		

4. FEI Number	Applied For
65-0687876	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESHER, GERALD S 4420 BEACON CIR SUITE 1000 W PALM BEACH FL 33407
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Name
Street Address (Box Number Not Acceptable)
1555 Palm Beach Lakes Blvd
Suite 1510
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	Signature, typed or printed name of registered agent and title if applicable.	DATE
Gerald S Leshar	Registered Agent	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LESHER, GERALD S	
STREET ADDRESS	4420 BEACON CIR	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 Palm Beach Lakes Blvd	
STREET ADDRESS	West Palm Beach FL 33401	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:	02-29-00 561-471-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #
Gerald S Leshar	

CR2E034 (9/99)