

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032610

1. Entity Name

ACKERMAN, LINK & SARTORY, P.A.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90010 025 \*\*\*550.00

Principal Place of Business

222 LAKEVIEW AVE., SUITE 1330  
 WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE., SUITE 1330  
 WEST PALM BEACH FL 33401

80076304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

change to Suite 1250  
 City & State

Suite, Apt. #, etc.

1250 - Change to Suite #  
 City & State

4. FEI Number

65-0668726

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

LINK, WENDY SARTORY  
 222 LAKEVIEW AVE., STE. 1330  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS ACKERMAN, DAVID P  
 CITY-ST-ZIP 222 LAKEVIEW AVE., STE. 1330  
 WEST PALM BEACH FL

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS LINK, SCOTT J  
 CITY-ST-ZIP 222 LAKEVIEW AVE., STE. 1330  
 WEST PALM BEACH FL

TITLE ☐ Delete  
 NAME PDM  
 STREET ADDRESS LINK, WENDY S  
 CITY-ST-ZIP 222 LAKEVIEW AVE., STE. 1330  
 WEST 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/00 561-838-4100