

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088473

1. Entity Name

GAIL BECKER ASSOCIATES OF FLORIDA, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90439 005 \*\*\*150.00

Principal Place of Business

Mailing Address

21218 ST ANDREW BLVD  
STE 513  
BOCA RATON FL 34233  
US

21218 ST ANDREWS BLVD  
STE 513  
BOCA RATON FL 34233  
US

2. Principal Place of Business

777 South State Road 7

3. Mailing Address

71218 ST ANDREWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

415

City & State

MALIBU FLORIDA

City & State

BOCA RATON FL

Zip

33066

Country

FLORIDA

Zip

33433

Country

FLORIDA

4. FEI Number

65-0704321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

RICHARD A SAMBER

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

71218 ST ANDREWS BLVD

City

BOCA RATON

FL

Zip Code

33433

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

*Richard A Samber*

4/23/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMBER, GAIL BECKER	
STREET ADDRESS	9 EAGLE DRIVE	
CITY-ST-ZIP	NEW MARKET NH 03857	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SAMBER, RICHARD A	
STREET ADDRESS	21218 ST. ANDREWS BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
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	
STREET ADDRESS	
CITY-ST-ZIP	NEW MARKET N.H. 03857
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	
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:

*Richard A Samber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

561-477-7491

Daytime Phone #

CR2E034 (9/99)