

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089130

1. Entity Name

TERI GEVINSON, P.A.

Principal Place of Business

Mailing Address

9834 GLADES RD
C-1
BOCA RATON FL 33434

9834 GLADES RD
C-1
BOCA RATON FL 33434-3981

2. Principal Place of Business

3. Mailing Address

16121 Rio Del Sol
Suite, Apt. #, etc.

16121 Rio Del Sol
Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

Delray Beach FL 33446

Zip

Country

Zip

Country

33446 Palm Beach

33446 Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANUS, HENRY L
111 NE FIRST ST
5TH FL
MIAMI FL 33132-2501

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 DP
NAME GEVINSON, TERI J
STREET ADDRESS 19771 DINNER KEY DR
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE DP
NAME Gevinson, Teri J
STREET ADDRESS 16121 Rio Del Sol
CITY-ST-ZIP Delray Beach, FL 33446 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90064 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)