

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094554

1. Entity Name

PRIVATE PENSION FUND, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90142 002 ***150.00

Principal Place of Business

Mailing Address

8611 SE WATER OAK PL
TEQUESTA FL 33469
US

P.O. BOX 4073
TEQUESTA FL 33469-1016
US

2. Principal Place of Business

3. Mailing Address

1515 University Drive

1515 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

Suite 111

City & State

City & State

Coral Springs

Coral Springs

Zip

Country

Zip

Country

33071

USA

33071

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0711150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLAIZZO, PHILIP
8611 SE WATER OAK PL
TEQUESTA FL 33469

Name: GARY LUISINE
Street Address (P.O. Box Number Is Not Acceptable): 1515 University Drive
Suite 111
City: Coral Springs FL Zip Code: 33071

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: PD
NAME: COLAIZZO, PHILIP
STREET ADDRESS: 8611 SE WATER OAK PL
CITY-ST-ZIP: TEQUESTA FL 33469 ☒ Delete

TITLE: P.D.
NAME: GARY LUISINE
STREET ADDRESS: 1515 University Drive Suite 111
CITY-ST-ZIP: Coral Springs FL 33071 ☐ Change ☒ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
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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 #

4-27-00 954-346-2008

CR2E034 (9/99)