

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099754

1. Entity Name

PH III, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90150 030 ***150.00

Principal Place of Business

2381 EXECUTIVE CTR DR
BOC ARATON FL 33431
US

Mailing Address

2381 EXECUTIVE CTR DR
BOC ARATON FL 33431-7321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0716949**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DVT	<input type="checkbox"/> Delete
NAME	TOTTE, ROBERT	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	CHERYL M O'HARA	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	JANET G KELLEY	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, PAUL E	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MILLER, JAMES	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH R. BROCKMAN	
STREET ADDRESS	2381 Executive Center Drive	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELINDA C. ELLSWORTH	
STREET ADDRESS	2381 Executive Center Drive	
CITY-ST-ZIP	Boca Raton, FL 33431	
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:

Robert P. Totte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000

Date

Daytime Phone #

CR2E034 (9/99)