

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003693

1. Entity Name

FEDER & DUNN, P.A.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90279 005 \*\*\*150.00

0312897

Principal Place of Business

1701 W HILLSBORO BLVD  
302  
DEERFIELD BCH FL 33442  
US

Mailing Address

1701 W HILLSBORO BLVD  
302  
DEERFIELD BCH FL 33442  
US

2. Principal Place of Business

11575 Heron Bay Blvd.

Suite, Apt. #, etc.

309

City & State

Coral Springs FL

Zip

33076

Country

USA

3. Mailing Address

11575 Heron Bay Blvd.

Suite, Apt. #, etc.

309

City & State

Coral Springs FL

Zip

33076

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0718319

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEDER, GARY A  
1701 W HILLSBORO BLVD  
STE 302  
DEERFIELD BCH FL 33442

7. Name and Address of New Registered Agent

Name

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

11575 Heron Bay Blvd., 309

City

Coral Springs

FL

Zip Code

33076

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

4/10/01

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, 2001 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 NAME ☐ Delete  
D FEDER, GARY A  
STREET ADDRESS 1701 W HILLSBORO BLVD #302  
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE NAME ☐ Delete  
D DUNN, KENNETH J  
STREET ADDRESS 1701 W HILLSBORO BLVD - 302  
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
11575 Heron Bay Boulevard  
Suite 309  
Coral Springs, FL 33076

TITLE NAME ☒ Change ☐ Addition  
11575 Heron Bay Boulevard  
Suite 309  
Coral Springs, FL 33076

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 #

4/10/01 9545757272

CR2E034 (10/00)