

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012015

1. Entity Name

INTERNATIONAL ENTERPRISE DEVELOPMENT, INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90022 003 ***158.75

Principal Place of Business

Mailing Address

1100 S. FEDERAL HIGHWAY
SUITE 6
BOYNTON BEACH FL 33435

1100 S. FEDERAL HIGHWAY
SUITE 6
BOYNTON BEACH FL 33435-5650

2. Principal Place of Business

3. Mailing Address

6260 N. Ocean Blvd
Suite, Apt. #, etc.

6260 N. Ocean Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ocean Ridge, FL
Zip
33435
Country
USA

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Ocean Ridge, FL
Zip
33435
Country
USA

4. FEI Number 65-0726010

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

CAPPELLA, ARTHUR J
1100 S. FEDERAL HIGHWAY
SUITE 6
BOYNTON BEACH FL 33435

Name
Tamara Laine
Street Address (P.O. Box Number is Not Acceptable)
6260 N. Ocean Blvd
City Ocean Ridge FL Zip Code 33435

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 Tamara Laine - Tamara Laine, Exec. V.P. 03-20-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ALLISON, LYNN LEIBER DR.
STREET ADDRESS 6260 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL 33435 ☐ Delete

TITLE PRESIDENT
NAME DR. LYNN LEIBER ALLISON
STREET ADDRESS 6260 N. Ocean Blvd
CITY-ST-ZIP Ocean Ridge, FL 33435 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Executive Vice President
NAME Tamara Laine
STREET ADDRESS 6260 N. Ocean Blvd.
CITY-ST-ZIP Ocean Ridge, FL 33435 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: Tamara Laine Tamara Laine 03-21-00 561-742-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)