

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018065

1. Entity Name Irving R. Stevens, Inc.

FILED

May 10 2000 8:00 am
Secretary of State

Principal Place of Business Mailing Address
46 Somerset Terrace 46 Somerset Terrace
Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418

2. Principal Place of Business 3. Mailing Address
909 Pinnacle Drive 909 Pinnacle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Fort Collins, CO

City & State Fort Collins, CO

4. FEI Number 65-0730696

Applied For

Not Applicable

Zip 80525 Country USA

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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

Steven Friedman
24 Bermuda Lake Drive
Palm Beach Gardens, Florida 33418

Name

Steven Samiljan

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

2135 S. Congress Avenue, Suite 3-C

City

West Palm Beach

FL 33406

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 *Steven Samiljan*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-00

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 NAME STREET ADDRESS CITY-ST-ZIP | VD Friedman, Steven <input checked="" type="checkbox"/> Delete 24 Bermuda Lake Drive Palm Beach Gardens, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Friedman, Irving Z. <input checked="" type="checkbox"/> Delete 101 Banyan Isle Drive Palm Beach Gardens, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S Blair Turner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 909 Pinnacle Drive Fort Collins, CO 80525 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300003274003-4 -06/01/00--01076--014 *****357.50 *****61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Blair Turner

Blair Turner

5/9/00 (970) 223-1184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

AD