

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034104

1. Entity Name

GERALD F. LOONEY, P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90996 013 ***150.00

Principal Place of Business

Mailing Address

1500 UNIVERSITY DRIVE #208
CORAL SPRINGS FL 33071

1500 UNIVERSITY DRIVE #208
CORAL SPRINGS FL 33071-6072

2. Principal Place of Business

10785 SE 176 ST

3. Mailing Address

10785 SE 176 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD FL

City & State

SUMMERFIELD FL

Zip

34491

Country

Zip

34491

Country

4. FEI Number

97-8221154

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

Name

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

10785 SE 176 ST

City

SUMMERFIELD

FL

Zip Code

34491

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

4/28/00

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 ☐ Delete

NAME LOONEY, G

STREET ADDRESS 7378 W ATLANTIC 127

CITY-ST-ZIP MARGATE FL 33063

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

10785 SE 176 ST

SUMMERFIELD FL 34491

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 #

CR2E034 (9/99)