

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM  
Secretary of State

DOCUMENT # P97000034897

1. Entity Name  
LAW PRACTICE OF SCOTT L. LAMPERT, P.A.

Principal Place of Business  
1701 WEST HILLSBORO BLVD  
SUITE 302  
DEERFIELD BEACH FL 33442 US

Mailing Address  
1701 WEST HILLSBORO BLVD  
SUITE 302  
DEERFIELD BEACH FL 33442 US

2. Principal Place of Business  
P.O. BOX 813449

3. Mailing Address  
P.O. BOX 813449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HOLLYWOOD FL

City & State  
HOLLYWOOD FL

4. FEI Number  
65-0743689

Applied For  
Not Applicable

Zip  
33081

Country  
US

Zip  
33081

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LAMPERT SCOTT  
1701 WEST HILLSBORO BLVD  
SUITE 302  
DEERFIELD BEACH FL 33442 US

## 7. Name and Address of New Registered Agent

Name  
FEDER GARY A  
Street Address (P.O. Box Number is Not Acceptable)  
11575 HERON BAY BLVD  
SUITE 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 GARY A FEDER

04/30/2001

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, 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 PD ☐ Delete  
NAME LAMPERT SCOTT  
STREET ADDRESS 1701 WEST HILLSBORO BLVD SUITE 302  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME LAMPERT SCOTT  
STREET ADDRESS P.O. BOX 813449  
CITY-ST-ZIP HOLLYWOOD FL 33081

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: SCOTT LAMPERT

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)