

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054188

1. Entity Name

POLK FINANCIAL GROUP, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90128 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1401 UNIVERSITY DR #607  
 CORAL SPRGS FL 33071  
 US

10539 NW 10TH ST  
 PLANTATION FL 33328-7122

2. Principal Place of Business

3. Mailing Address

1200 S. PINE ISLAND ROAD

2703 E. ABIACA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State  
 PLANTATION, FL.

City & State  
 DAVIE, FL.

4. FEI Number 65-0760713

Applied For

Not Applicable

Zip 33324

Country USA

Zip 33328

Country USA

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

POLK, GARY R  
 10539 NW 10TH ST  
 PLANTATION FL 33322

Name  
 POLK GARY R.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2703 E. ABIACA CIRCLE

City DAVIE FL Zip Code 33328

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

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 POLK, GARY R  
 STREET ADDRESS 10539 NW 10TH ST  
 CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME POLK, GARY R  
 STREET ADDRESS 2703 E. ABIACA CIRCLE  
 CITY-ST-ZIP DAVIE, FL. 33328

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY R. POLK 4/29/2000 (954) 473-8850

CR2E034 (9/99)