

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082428

1. Entity Name

COUGHLIN & DONELIAN, P.A. R

Principal Place of Business

Mailing Address

SIS N. Flagler Drive  
300 Pavilion, Northbridge Centre  
West Palm Beach FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0782204

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

Patrick L. Coughlin

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

Northbridge Centre, #300 Pavilion

SIS N. Flagler Dr

City

West Palm Beach

FL

Zip Code

33401

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

TITLE ☐ Delete

NAME  
Christine D. Coughlin  
STREET ADDRESS  
Same as above  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
Patrick L. Coughlin  
STREET ADDRESS  
Same as above  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
Christine D. Coughlin  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
Patrick L. Coughlin  
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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

Date

(561) 802-4192

Daytime Phone #

FILED  
Jul 24, 2000 8:00 am  
Secretary of State

07-24-2000 90010 022 \*\*\*150.00

A0069329

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

~~XXXXXXXXXX~~ P97000082428

ADOL69329

Did not receive  
original form in  
January had to  
request blank  
form to file.



... P9700082428

A2064329

COUGHLIN & DONELIAN  
515 N FLAGLER DR  
300 PAVILLION - NORTHBRIDGE CENTRE  
WEST PALM BEACH, FL 33401

Request taken by: thampton  
06-29-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

~~Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314~~