

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096355

1. Entity Name

THE PENSION RESOURCE CENTER, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90040 003 \*\*\*158.75

Principal Place of Business

5805 PGA BLVD SUITE 113  
SUITE B  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

16887 96TH TERR N  
SUITE B  
JUPITER FL 33478  
US

2. Principal Place of Business

3. Mailing Address

4360 Northlake Blvd

Suite, Apt. #, etc.

Suite 206

City & State

Palm Beach Gardens FL

Zip

33410

Country

US

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0793501

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

BAUR, WENDY LYNN

1973 PGA BLVD

SUITE B

PALM BEACH GARDENS FL 33408

Name

J Scott Baur

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

4360 Northlake Blvd Ste 206

City

Palm Beach Gardens

FL

Zip Code

33410

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME BAUR, WENDY LYNN  
STREET ADDRESS 16887 96 TERRACE GARDENS  
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE D  
NAME BAUR, JONATHAN SCOTT  
STREET ADDRESS 16887 96 TERRACE GARDENS  
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN SCOTT BAUR

1/9/2001

Date

(561) 624-3277

Daytime Phone #

CR2E034 (10/00)