

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107276

1. Entity Name

FAWCETT, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90216 010 ***150.00

Principal Place of Business

11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

Mailing Address

11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408-3042

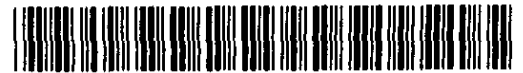
711141

2. Principal Place of Business

1645 Palm Bch Lakes Blvd

3. Mailing Address

1645 Palm Bch Lakes Blvd



Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0803293

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

DELOITTE & TOUCHE LLP

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

1645 PALM BEACH LAKES BLVD., SUITE 300

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

DELOITTE & TOUCHE LLP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 28, 2000
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 PSD ☐ Delete
NAME FAWCETT, VIVIAN P
STREET ADDRESS 11780 US HIGHWAY ONE SUITE 300
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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

Vivian P Fawcett 2/1/00 561-1214
Date Daytime Phone #