

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90031 035 ***150.00

DOCUMENT # P97000108345

1. Entity Name

ALLAN H. KAYE, P.A.

Principal Place of Business

**3520 NW 43RD ST
GAINESVILLE FL 32606-6104**

Mailing Address

**3520 NW 43RD ST
GAINESVILLE FL 32606-6104**

2. Principal Place of Business

5208 SW 91ST DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5208 SW 91ST DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3497459

Applied For

Not Applicable

Zip

32608

Country

Zip

32608

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAYE, ALLAN H
3520 NW 43RD ST
GAINESVILLE FL 32606-6104**

7. Name and Address of New Registered Agent

Name

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

5208 SW 91ST DRIVE

City

GAINESVILLE**FL**

Zip Code

32608

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

12/31/009. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	KAYE, ALLAN H	3520 NW 43RD ST	GAINESVILLE FL 32606-6104	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5208 SW 91ST DRIVE	GAINESVILLE, FL 32608	

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 #

12/31/00 (352) 375-0816

CR2E034 (10/00)