

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062366

1. Entity Name

ALLEN S. TATE, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90072 017 ***150.00

Principal Place of Business

6350 NORTH ANDREWS AVENUE
 SUITE 100
 FT LAUDERDALE FL 33309

Mailing Address

6350 NORTH ANDREWS AVENUE
 SUITE 100
 FT LAUDERDALE FL 33309-2130

2. Principal Place of Business

12 NE 20 AVENUE

3. Mailing Address

512 NE 20 AVENUE

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

65-0849916

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

GERRITS, ANDREW T
 6350 NORTH ANDREWS AVENUE
 SUITE 100
 FT LAUDERDALE FL 33309

Name

Allen S. Tate

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

512 NE 20 AVENUE

SUITE 4

City

Deerfield Beach FL

Zip

33441

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

02/29/00

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 | D | <input type="checkbox"/> Delete |
| NAME | TATE, ALLEN S | |
| STREET ADDRESS | 512 N.E. 20TH AVENUE | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | P, P, VP, SEC, TR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tate, Allen S | |
| STREET ADDRESS | 512 NE 20 AVENUE #4 | |
| CITY-ST-ZIP | Deerfield Beach, FL 33441 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

02/29/00 954.481.8661

Date

Daytime Phone #

CR2E034 (9/99)