## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000089909

1. Entity Name

CARRINGTON, HOGAN & LEVINE, INC.

Principal Place of Business

Mailing Address

1439 BANKS ROAD MARGATE FL 33063 8270 NORTHWEST 66TH TERRACE

TAMARAC FL 33321-5004

1/13/00-90047-043-\$150.00-\$150.00

FILED

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SEGRETARY OF STATE TALLATIASSEE, FLORIDA

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2. Principal Place of Business 3. Mailing Address										
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
# 211		#211		_		<del></del>		<del></del>	Pad Fas	
City & State	9	City & State			4. F	El Number 65-0870365		<u> </u>	plied For	
<u>Marqa</u>	te, Florida		lorid						t Applicable	
		Zip	Country		5. 0	Certificate of Status Desired		<b>8.75</b> Add		
<u> 33063</u>	USA	<u> </u>	L USA			town and Address of Mary Da			<u> </u>	
	6. Name and Address of Current	Registered Agent		Name	7. 1	lame and Address of New Re	gistared Ag	BUIL	<del> </del>	
AMERILAWYER				Street Address (P.O. Box Number is Not Acceptable)						
343 ALMERIA AVENUE										
COR	AL GABLES FL 33134						•			
			ŀ	City.			FL	Zip Cod	0	
						<u> </u>	<u> </u>	<u></u>		
8. The above	named entity submits this statement for	r the purpose of changing its	s registere	d office or	registered age	ent, or both, in the State of Flore	lda.			
						•				
SIGNATURE .					·		01-0	<u>7 ~ 2</u> /	000.	
SIGNATION :	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signati	ure mediciped when re	einstating)	DATE			
9. This corpo	vation is stigible to satisfy its Intendible	FILE NOW	111 FEE 1	S \$150.6	00		,		•	
or this corporation is onguest to the first the same of the same o				Fee will be \$550.00		<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>			IO May Be to Fees	
<b>-</b> .	ia on back)	Make Check Payat				nastrana controlleri.		Audoc	7,01000	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND I	RECTOR	S IN 11	
TITLE	PSD	☐ Delate	TITLE		· ·			Change	Addition	
NAME	REYNOLDS, WILLIAM C		NAME							
STREET ADDRESS				STREET ADDRESS . CITY-ST-ZIP						
CITY-ST-ZIP			CITY-							
TITLE	VTD	Oelete .	TITLE		·			Change	☐ Addition	
NAME	MARSDEN, GEOFFREY K		NAME		VID					
STREET ADDRESS 8270 NORTHWEST 66TH TERRACE			STREE	T ADDRESS	Marsden, Geoffrey K.					
CITY-ST-ZIP	TAMARAC FL 33321	, OL	спу-	ST-ZIP		Banks Road #21				
TITLE	- 20	Delete Delete	TITLE		Margat	.e, Florida. 3	3063	Change	☐ Addition	
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CITY-SI-ZIP		-		ST-ZIP			-			
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				T ADORESS					KE	
STREET ADDRESS CITY-ST-ZIP	l			ST-ZiP		•			P	
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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