

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105134

1. Entity Name

21ST CENTURY OPTIONS HOTLINE, INC.

Principal Place of Business

17288 HAMPTON BLVD.  
NEWPORT BAY CLUB  
BOCA RATON FL 33496

Mailing Address

17288 HAMPTON BLVD.  
NEWPORT BAY CLUB  
BOCA RATON FL 33496-3013

2. Principal Place of Business

1900 Glades Road

Suite, Apt. #, etc.

Suite 441

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

1900 Glades Road

Suite, Apt. #, etc.

Suite 441

City & State

Boca Raton, FL

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.  
2699 SOUTH BISCAYNE DRIVE, 7TH FLOOR  
MIAMI FL 33131-1

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	P	<input type="checkbox"/> Delete
NAME	DIGEORGIA, JAMES M	
STREET ADDRESS	17288 HAMPTON ROAD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENTHAL, DANIEL M	
STREET ADDRESS	1600 SHALTUCK AVENUE #212	
CITY-ST-ZIP	BERKELEY CA 94709	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, ELLEN M	
STREET ADDRESS	1600 SHALTUCK AVE #212	
CITY-ST-ZIP	BERKELEY CA 94709	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	PRATT, MYRTLE S	
STREET ADDRESS	1600 SHALTUCK AVE #212	
CITY-ST-ZIP	BERKELEY CA 94709	
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		<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		
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL LAMDEN	
STREET ADDRESS	9856 Grand Verde Way	
CITY-ST-ZIP	Boca Raton, FL 33428	
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

4/14/00

Date

50644-0991

Daytime Phone #

CR2E034 (9/99)