

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107018

1. Entity Name
THE PERSHING HOUSE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90023 033 ***150.00

Principal Place of Business
**137 EAST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33435**

Mailing Address
**137 EAST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0888375**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**F. ANDREWS TAINOR
5051 CASTELLO DRIVE
SUITE 5
NAPLES FL 34103**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **ROSS, MICHAEL**
STREET ADDRESS **137 E. WOOLBRIGHT RD.**
CITY-ST-ZIP **BOYTON BEACH FL 33435**

TITLE **President** ☐ Change ☒ Addition
NAME **DAVID J. ROSS**
STREET ADDRESS **348 S. Ocean Blvd.**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **VP** ☐ Delete
NAME **ROSS, DAVID J**
STREET ADDRESS **348 S. OCEAN BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ROSS, DAVID J**
STREET ADDRESS **348 S. OCEAN BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **KELTZ, JUDITH**
STREET ADDRESS **21 S. VALLEY RD.**
CITY-ST-ZIP **DREXEL HILL PA 19026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)