

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107430

1. Entity Name

FORM FOLLOWS FUNCTION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90078 041 ***150.00

Principal Place of Business

Mailing Address

2704 BRUCE TERRACE
HOLLYWOOD FL 33020
US

2704 BRUCE TERRACE
HOLLYWOOD FL 33020-1817
US

2. Principal Place of Business

3. Mailing Address

817 NW 1st Street
Suite, Apt. #, etc.

817 NW 1st Street
Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale, FL

Ft Lauderdale FL

Zip
33311

Country

Broward

Zip
33311

Country

Broward

4. FEI Number

65-0883351

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

BELGAU, ROBERT J
2704 BRUCE TERRACE
HOLLYWOOD FL 33020

Name

John Donald A. Yarbrough, Esq.

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

Ste 200

City

Ft Lauderdale

FL

Zip Code

33306

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

Donald A. Yarbrough, Esq. 4/30/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELGAU, ROBERT J	
STREET ADDRESS	2704 BRUCE TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Schreiber	
STREET ADDRESS	817 NW 1st Street	
CITY-ST-ZIP	Ft Lauderdale FL 33311	
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

4/30/00 (954) 263-1992
Date Daytime Phone #

CR2E034 (9/99)