

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90043 020 \*\*\*150.00

**DOCUMENT # P99000040053**

1. Entity Name

**STEVE YURMAN, INC.**

Principal Place of Business

Mailing Address

**525 KIRK ROAD  
 WEST PALM BEACH FL 33406**

**525 KIRK ROAD  
 WEST PALM BEACH FL 33406-4070**

2. Principal Place of Business

3. Mailing Address

**3800 WASHINGTON RD #212  
 Suite, Apt. #, etc.  
 WEST PALM BEACH, FL**

Suite, Apt. #, etc.

City & State

4. FEI Number

**65-0920773**

Applied For

Not Applicable

Zip

Country

**33405**

**PALM BEACH**

Zip

Country

**USA**

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

**FAIRCLOUGH, MICHAEL J**

**2845 N. MILITARY TRAIL  
 SUITE 8  
 WEST PALM BEACH FL 33409**

Name

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

**11320 PROSPERITY FARMS RD # 112**

**PALM BEACH GARDENS**

City

**FL**

Zip Code

**33410**

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

*M. J. J. J.*

**3/7/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>YURMAN, STEVEN A</b>			
		<b>525 KIRK ROAD</b>		
		<b>WEST PALM BEACH FL 33406</b>		
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>3800 Washington Rd #212</b>			
		<b>WPB, FL 33405</b>			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

**3-7-00**

Date

**(561) 659-2902**

Daytime Phone #

CR2E034 (9/99)