

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046182

1. Entity Name

ROBIN J. SCHER, P.A.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90010 014 \*\*\*558.75

Principal Place of Business

4030 TANGLEWOOD NORTH  
 #514  
 PALM BEACH GARDENS FL 33410

Mailing Address

4030 TANGLEWOOD NORTH  
 #514  
 PALM BEACH GARDENS FL 33410-4629

2. Principal Place of Business

4429 Lilac St

3. Mailing Address

PO Box 33076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach GARDENS FL

City & State

Palm Bch Gdns FL

Zip

33410

Country

USA

Zip

33420

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923464

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

FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132

Name

Robin J. Scher

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

4429 Lilac St

City

Palm Bch Gardens

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

*Robin J. Scher*

Robin J. Scher, Director

6-28-00

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 ☐ Delete  
 NAME D  
 STREET ADDRESS SCHER, ROBIN J  
 CITY-ST-ZIP 4030 TANGLEWOOD NORTH  
 PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS Scher, Robin J  
 CITY-ST-ZIP 4429 Lilac St  
 Palm Bch Gdns FL 33410

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
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TITLE ☐ Change ☐ Addition  
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 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: *Robin J. Scher*

Robin J. Scher, Director

561-626-5640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 034 (3/99)