

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046860

1. Entity Name

KAUFMAN, ENGLETT AND LYND, P.A.

Principal Place of Business

101 WYMORE RD., STE. 337  
ALTAMONTE SPRINGS FL 32714

Mailing Address

101 WYMORE RD., STE. 337  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

733 W. Colonial Dr.

3. Mailing Address

733 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

Orlando, FL

City & State

Orlando, FL

Zip

Country

Zip

Country

32804

US

32804

US

6. Name and Address of Current Registered Agent

KAUFMAN, JEFF

101 WYMORE RD., STE. 337  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Jeff Kaufman

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

733 W. Colonial Dr. Suite 200

City

Orlando

FL

Zip Code

32804

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

Jeff Kaufman

7-11-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	LYND, CRAIG	
STREET ADDRESS	101 WYMORE RD., STE. 337	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAUFMAN, JEFF	
STREET ADDRESS	101 WYMORE RD., STE. 337	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGLETT, MATT	
STREET ADDRESS	101 WYMORE RD., STE. 337	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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		

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	<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:

Matthew Englett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-11-00

Daytime Phone #

407-481-2535



DO NOT WRITE IN THIS SPACE

CR2000 14 (5/00)

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90115 030 \*\*\*550.00