

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062791

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1. Entity Name

GOLD & RAUSCH, P.A.

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

00 JUN 26 AM 11:32

Principal Place of Business

Mailing Address

407 LAS PALMAS STREET
ROYAL PALM BEACH FL 33411

407 LAS PALMAS STREET
ROYAL PALM BEACH FL 33411-1027

2. Principal Place of Business

504 Royal Palm Bch Blvd
Suite, Apt. #, etc. Bldg

3. Mailing Address

504 Royal Palm Bch Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Bch FL
Zip 33411 Country USA

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Royal Palm Bch FL
Zip 33411 Country USA

4. FEI Number
65-0932839

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

RAUSCH, MARY
1411 INDIAN RD.
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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, 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
NAME RAUSCH, MARY
STREET ADDRESS 1411 INDIAN RD.
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE D
NAME GOLD, CAROLYN A
STREET ADDRESS 407 LAS PALMAS STREET
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 807, 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

Date

Daytime Phone #

CR2E034 (9/99)