

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075007

1. Entity Name

BONNIE S. SATTERFIELD, P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90022 045 \*\*\*150.00

Principal Place of Business Mailing Address  
 200 SOUTH BISCAYNE BLVD., 20TH FLOOR 200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
 MIAMI FL 33131-2310 MIAMI FL 33131-2310

2. Principal Place of Business 3. Mailing Address  
 3111 N. UNIVERSITY DRIVE 3111 N. UNIVERSITY DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 405 Suite 405

City & State City & State  
 CORAL SPRINGS, FL CORAL SPRINGS, FL

Zip Country Zip Country  
 33065 USA 33065 USA

4. FEI Number Applied For  
 65-0942410 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

SATTERFIELD, BONNIE S  
 200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
 MIAMI FL 33131-2310

Name BONNIE S. SATTERFIELD  
 Street Address (P.O. Box Number is Not Acceptable) 3111 N. UNIVERSITY DRIVE  
 SUITE 405  
 City CORAL SPRINGS FL Zip Code 33065

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 SATTERFIELD, BONNIE S  
 STREET ADDRESS 200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
 CITY-ST-ZIP MIAMI FL 33131-2310 ☐ Delete

TITLE P/D  
 NAME SATTERFIELD, BONNIE S.  
 STREET ADDRESS 3111 N. University Drive, Suite 405  
 CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Bonnie S. Satterfield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000  
 Date

(954)  
 341-2250  
 Daytime Phone #

CR2E034 (9/99)