

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078210

1. Entity Name

THE SMART SAMARITAN NETWORK INC.

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

05-01-2000 90469 042 \*\*\*158.75

Principal Place of Business

Mailing Address

2800 E. COMMERCIAL BLVD., STE. 208  
 FT. LAUDERDALE FL 33308

2800 E. COMMERCIAL BLVD., STE. 208  
 FT. LAUDERDALE FL 33308-4228

2. Principal Place of Business

3. Mailing Address

621 ENFIELD ROAD

621 ENFIELD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

05-0983765

Applied For

Not Applicable

Zip

33444

Country

U.S.

Zip

33444

Country

U.S.

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

ALLEN H. KATZ, PA  
 2800 E. COMMERCIAL BLVD., STE. 208  
 FT. LAUDERDALE FL 33308

Name

JOHN C. GORMLEY III

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

621 ENFIELD ROAD

City

DELRAY BEACH

FL

Zip Code

33444

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

*John C. Gormley III* John C. Gormley III

4/23/2000

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 *John C. Gormley III*

STREET ADDRESS *621 Enfield Rd*

CITY-ST-ZIP *DeLray Beach, FL 33444*

TITLE ☒ Delete

NAME *V.P. Steve Mc Gowan*

STREET ADDRESS *206 E. Mc Nab Rd*

CITY-ST-ZIP *Pompana Beach, FL*

TITLE ☒ Delete

NAME *James Parker*

STREET ADDRESS *19401 N.W. 10 St*

CITY-ST-ZIP *Pembroke Pines, FL*

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 an other like empowered:

SIGNATURE

*John C. Gormley III* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2000 561-265-3273

Date

Daytime Phone #

CR2E034 (9/99)