

2001 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-08-2001 90014 021 ***150.00

DOCUMENT # P99000079414

1. Entity Name

SHERYL LAVENDER D.O. P.A.

Principal Place of Business

875 MEADOWS ROAD
 311
 BOCA RATON FL 33488
~~2255 W Hillsboro Blvd~~
~~Deerfield Bch, FL~~
~~33442~~

Mailing Address

875 MEADOWS ROAD
 311
 BOCA RATON FL 33488
~~1155 Anchor Pt~~
~~Delray Bch FL~~
~~33444~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938412

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

LAVENDER, SHERYL

~~875 MEADOWS ROAD~~

~~BUILDING 3 SUITE 312~~

~~BOCA RATON FL 33488~~

1155 Anchor Pt.
 Delray Bch, FL.
 33444

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | DS LONENOLIN, SHERYL 875 MEADOWS RD #311 BOCA RATON FL 33488 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sheryl Lavender DO, PA 2255 W. Hillsboro Blvd. Deerfield Bch, FL. 33442 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/01 2/1/01 (954) 596-9071

CR2E034 (10/00)