

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090490

1. Entity Name

SUSAN L. REIGEL, L.C.S.W., P.A.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90067 030 \*\*\*150.00

Principal Place of Business

Mailing Address

6125 PALM TRACE LANDINGS DRIVE  
 APT 106  
 DAVIE FL 33314

6125 PALM TRACE LANDINGS DRIVE  
 APT 106  
 DAVIE FL 33314-1830

2. Principal Place of Business

3. Mailing Address

10057 NW 4th ST

10057 NW 4th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-095631-7

Applied For

Not Applicable

Zip

33324

Country

FL

Zip

33324

Country

USA

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

REIGEL, SUSAN L  
 6125 PALM TRACE LANDINGS DRIVE  
 APT 106  
 DAVIE FL 33314

Name

REIGEL, SUSAN L.

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

10057 NW 4th ST

City

PLANTATION

FL

Zip Code

33324

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 REIGEL, SUSAN L LCSW  
 STREET ADDRESS 6125 PALM TRACE LANDINGS DRIVE #106  
 CITY-ST-ZIP DAVIE FL 33314

☐ Delete

TITLE  
 NAME REIGEL, SUSAN L LCSW  
 STREET ADDRESS 10057 NW 4th ST  
 CITY-ST-ZIP PLANTATION, FL 33324

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 all other like empowered.

SIGNATURE: Susan L. Reigel

SUSAN L. REIGEL

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #