

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096828

1. Entity Name

TINNITUS RETRAINING THERAPY CENTERS OF SOUTH FLO

(R)

FILED
Aug 17, 2000 8:00 am
Secretary of State

03-21-2000 90063 047 ***150.00

Principal Place of Business

9910 SANDALFOOT BLVD.. STE. 7
BOCA RATON FL 33428

Mailing Address

9910 SANDALFOOT BLVD.. STE. 7
BOCA RATON FL 33428

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

65-0961791

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

ABBANAT, MICHANNE
9585 N.W. 63RD PLACE
PARKLAND FL 33076

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

Richard A. Hearn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME ABBANAT, MICHANNE
STREET ADDRESS 9585 N.W. 63RD PLACE
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

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

TITLE VD
NAME DION, SUSAN
STREET ADDRESS 2713 N.W. 27TH TERR.
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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:

Richard A. Hearn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/00

Daytime Phone #

561-483-4233

CRF E034 (5/00)

Attachment # P99000096828

Audiology Specialists
of Boca Raton, Inc. 19552

7/31/00

For FEI N# 65-0961791

Tinnitus Retraining Therapy Centers
of South Florida

As per our telephone conversation,

We did not receive your
March 23rd correspondence
requesting our FEI #. Therefore
I have included it in this report.

Thank you,

Michelle Abbanat
President