

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90147 045 \*\*\*158.75

DOCUMENT # P 99000101845

1. Entity Name

Scholl, Ticktin, Glatter, Rosenberg and Litz, P.A.

Principal Place of Business

Mailing Address

2000 Glades Road, Suite 110  
Boca Raton, Florida 33431

2. Principal Place of Business

5295 Town Center Road

Suite, Apt. #, etc.

Third Floor

City & State

Boca Raton, FL

Zip

33486

Country

US

3. Mailing Address

5295 Town Center Road

Suite, Apt. #, etc.

Third Floor

City & State

Boca Raton, FL

Zip

33486

Country

US

4. FEI Number

65-0990814

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Harvey Scholl

2000 Glades Road, Suite 110

Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name

Harvey Scholl

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

5295 Town Center Road

Third Floor

City

Boca Raton

FL

Zip Code

33486

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

April 28, 2000

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

TITLE **President/Director** ☐ Delete  
NAME **Harvey Scholl**  
STREET ADDRESS **5295 Town Center Road, 3rd Floor**  
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **Vice President/Director** ☐ Delete  
NAME **Peter Ticktin**  
STREET ADDRESS **5295 Town Center Road, 3rd Floor**  
CITY-ST-ZIP **Boca Raton, FL 33486**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

 **HARVEY SCHOLL, Pres.**

4-28-00

Date

Daytime Phone #

CR2E034 (9/99)