

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19008

1. Entity Name
LYNNE LEAVY, P.A.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90016 041 ***150.00

Principal Place of Business

2300 GLADES ROAD
EAST TOWER, SUITE 205
BOCA RATON FL 33431
US

Mailing Address

16876 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445
US

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 65-0251110

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

LEAVY, LYNNE
16876 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445

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 \$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 LEAVY, LYNNE
STREET ADDRESS 16876 RIVER BIRCH CIRCLE
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE ST
NAME LEAVY, LYNNE
STREET ADDRESS 16876 RIVER BIRCH CIRCLE
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition
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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:

Lynne Leavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5 2000 *561-3387*
Date Daytime Phone #

SP008

A0067511

LYNNE LEAVY, LCSW, ACSW
PSYCHOANALYTIC PSYCHOTHERAPY

2300 Glades Road, East
Suite 205
Boca Raton, Florida 33431

(561) 338-8288

CLINICAL DIPLOMATE, BCCSW

Florida Dept of State
Divisions of Corporations
LIR

July 5, 2000

FOR PROFESSIONAL SERVICES

As per phone conversation with
your office, I am enclosing my
check for \$50.00. I never received
the original form mailed in January.
and thus called you today when
I received this 2nd notice.

Thank you
Lynn Leavy, P.A.