

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21156

1. Entity Name

LAW OFFICES OF RICHARD S. RACHLIN, P.A.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90186 002 ***150.00

Principal Place of Business

712 US HWY 1
SUITE 400
N PALM BEACH FL 33408
US

Mailing Address

712 US HWY 1
SUITE 400
N PALM BEACH FL 33408-4521
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 65-0239716

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

ARNOFF, LAURA E
SUITE 400
712 US HIGHWAY 1
NORTH PALM BEACH FL 33408

Name

CHRISTOPHER W. KAMMERER

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

SUITE 400

712 U.S. HIGHWAY ONE

City

NORTH PALM BEACH

FL

Zip Code

33408

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

CHRISTOPHER W. KAMMERER

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
NAME
STREET ADDRESS
CITY- ST- ZIP
D
RACHLIN, RICHARD S
712 US HWY 1, STE 400
NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
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☐ 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)(f), 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 #

3/20/2000 561/844-3600

CR2E034 (9/99)