

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41985

1. Entity Name

REP ASSOCIATES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90005 042 \*\*\*150.00

Principal Place of Business

Mailing Address

3932 RCA BOULEVARD  
SUITE 3204  
PALM BEACH GARDENS FL 33410  
US

3932 RCA BOULEVARD  
SUITE 3204  
PALM BEACH GARDENS FL 33410-4228  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0259769

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARD, PHILIP H., III  
4420 BEACON CIR  
SUITE 1000  
W PALM BEACH FL 33407

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 \$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	DP	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, MARY MERLE	
STREET ADDRESS	3932 RCA BOULEVARD, SUITE 3204	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUECKERT, WILLIAM A.	
STREET ADDRESS	3932 RCA BOULEVARD, SUITE 3204	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POGGI, JOHN R.	
STREET ADDRESS	3932 RCA BOULEVARD, SUITE 3204	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PETERSON, JANET	
STREET ADDRESS	3932 RCA BOULEVARD, SUITE 3204	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MEYER, KAREN M	
STREET ADDRESS	3932 RCA BOULEVARD, SUITE 3204	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)