

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54994

1. Entity Name

AUSTIN S O COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 037 ***150.00

Principal Place of Business

LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT LAUDERDALE FL 33301
US

Mailing Address

LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT LAUDERDALE FL 33301-2223
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

65-0264808

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

Name

DAVID W HORWITZ

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

450 East Las Olas Boulevard
Suite 900

City

Ft. Lauderdale, FL 33301 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	DPST	<input checked="" type="checkbox"/> Delete
NAME	HORWITZ, WILLIAM D	
STREET ADDRESS	LAS OLAS CTR 450 E LAS OLAS BLVD 900	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORWITZ, DAVID W.	
STREET ADDRESS	LAS OLAS CTR 450 E LAS OLAS BLVD 900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURTON, MELVIN F	
STREET ADDRESS	LAS OLAS CTR 450 E LAS OLAS BLVD 900	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA H ROTH	
STREET ADDRESS	450 E Las Olas Blvd., Suite 900	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT J PUCK	
STREET ADDRESS	450 E Las Olas Blvd., Suite 900	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA J BAKER	
STREET ADDRESS	450 E Las Olas Blvd., Suite 900	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	

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)