

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90028 043 \*\*\*150.00

0066653

**DOCUMENT # V02289**

1. Entity Name

**GLICKSTEIN, LAVAL, CARRIS, LEVITT, LOOMIS & DANT**

Principal Place of Business

**2100 LEE ROAD  
 SUITE A  
 WINTER PARK FL 32789**

Mailing Address

**2100 LEE ROAD  
 SUITE A  
 WINTER PARK FL 32789**

037607

2. Principal Place of Business

**850 Concourse Pkwy. South**

3. Mailing Address

**P.O. Box 940849**

Suite, Apt. #, etc.

**Suite 150**

Suite, Apt. #, etc.

City & State

**Maitland, FL**

City & State

**Maitland, FL**

Zip

**32751**

Country

**USA**

Zip

**32794-0849**

Country

**USA**

4. FEI Number

**59-3094260**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLICKSTEIN, MARTIN R.  
 2100 LEE ROAD  
 SUITE A  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

**03000 350 7 2100 32789 FL 32789**

City

**Maitland**

**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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	LAVAL, RODNEY S.	
STREET ADDRESS	2100 LEE ROAD, SUITE A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLICKSTEIN, MARTIN R	
STREET ADDRESS	2100 LEE ROAD, SUITE A	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRIS, W. NEAL	
STREET ADDRESS	2100 LEE ROAD, SUITE A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANTUMA, MARY	
STREET ADDRESS	2100 LEE ROAD, SUITE A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVITT, HARVEY N	
STREET ADDRESS	2100 LEE ROAD, SUITE A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOMIS, JAMES M.	
STREET ADDRESS	2100 LEE ROAD, STE A	
CITY-ST-ZIP	WINTER PARK FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laval, Rodney S.	
STREET ADDRESS	850 Concourse Parkway South, Suite 150	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glickstein, Martin R.	
STREET ADDRESS	850 Concourse Parkway South, Suite 150	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carris, W. Neal	
STREET ADDRESS	850 Concourse Parkway South, Suite 150	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dantuma, Mary C.	
STREET ADDRESS	850 Concourse Parkway South, Suite 150	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loomis, James M.	
STREET ADDRESS	850 Concourse Parkway, South, Suite 150	
CITY-ST-ZIP	Maitland, FL 32751	

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:

*W. Neal Carris* **W. NEAL CARRIS**

Date

**3/27/01**

Daytime Phone #

**407-645-4775**

CR2E034 (10/00)