

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27445

1. Entity Name
ROBERT A. KUTNER, PSY.D. AND ASSOCIATES, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90091 027 ***150.00

Principal Place of Business 800 E BROWARD BLVD SUITE 104 FT LAUDERDALE FL 33301 US	Mailing Address 800 E BROWARD BLVD SUITE 104 FT. LAUDERDALE FL 33050-3366 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 379 97th St. Ocean Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Marathon, FL	City & State	4. FEI Number 65-0329439	Applied For Not Applicable
Zip 33050	Country US	Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KUTNER, ROBERT A.
136 SW 96 AVE
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 *Robert A. Kutner* **Robert A. Kutner** 4-24-00
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 DR	<input type="checkbox"/> Delete
NAME KUTNER, ROBERT A. PSY.D.	
STREET ADDRESS 800 E BROWARD BLVD SUITE 104	
CITY-ST-ZIP FT LAUDERDALE FL 33301	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 379 97th St. ocean	
CITY-ST-ZIP Marathon, FL 33050	
TITLE	<input 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	<input 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	

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: *Robert A. Kutner* **Robert A. Kutner** 4-24-00 (305) 289-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)