

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90118 018 \*\*\*150.00

**DOCUMENT # P98000087999**

1. Entity Name  
**ELIZABETH BLAIR, LTD., INC.**

Principal Place of Business      Mailing Address  
**450 E LAS OLAS BLVD.**      **450 E LAS OLAS BLVD.**  
**SUITE 925**      **SUITE 925**  
**FORT LAUDERDALE FL 33301**      **FORT LAUDERDALE FL 33312-1792**

00010733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**300 HIMMARSHEE ST**      **300 HIMMARSHEE ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 5**      **SUITE 5**

City & State      City & State  
**FORT LAUDERDALE, FL**      **FORT LAUDERDALE, FL**

Zip      Country      Zip      Country  
**33312**      **USA**      **33312**      **USA**

4. FEI Number      **65-0872859**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KIRBY, ELIZABETH B**  
**450 E LAS OLAS BLVD.**  
**SUITE 925**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name      **KIRBY, ELIZABETH B.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 HIMMARSHEE ST**  
**SUITE 5**  
 City      **FORT LAUDERDALE, FL**      Zip Code  
**33312**

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]*      DATE **1-7-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRBY, ELIZABETH B</b>	NAME	
STREET ADDRESS	<b>450 E LAS OLAS BLVD. STE 925</b>	STREET ADDRESS	<b>300 HIMMARSHEE ST. STE 5</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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]*      DATE **1-7-00**      Daytime Phone # **954.525.0763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR