# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2002 8:00 am**
**Secretary of State**
04-29-2002 90177 030 ****70.00

DOCUMENT # 757858

1. Entity Name

ABATE OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2520<br>DELAND FL 32721<br>US | P.O. BOX 2520<br>DELAND FL 32721<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3101979 ☐ 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 |
|---|---|
| TISHLER, STEVEN D P.A.<br>83283 OLD HIGHWAY<br>ISLAMORADA FL 33036 | Name: CROW, LARRY P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 1247 PINELLAS AVE SOUTH<br>City: TARPON SPRINGS **FL** Zip Code: 34689 |

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 Larry Crow P.A. 4/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>REICHENBACH, JAMES II<br>251 N. HWY 314-A<br>SILVER SPRINGS FL 34488 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>MITCHELL, MICHELLE<br>1746 LAMBERT ST.<br>JACKSONVILLE FL 32206 | ☒ Delete | DS<br>CYNDI von BULOW<br>203 CAMBRIDGE DR.<br>PORT ORANGE, FL., 32127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KING, ROBERT<br>P. O. BOX 450413<br>KISSIMMEE FL 34745 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>POLLOCK, CECIL J<br>324 16TH ST<br>VERO BEACH FL 32962 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SAAT<br>DANIEL, DAN<br>P. O. BOX 676<br>MIMS FL 32754 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MT<br>YOUNG, LINDA<br>P.O. BOX 540778 N/A<br>MERRITT ISLAND FL | ☒ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James Reichenbach II 4/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James Reichenbach II