2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90007 050 ***150.00

DOCUMENT # J14635

1. Entity Name
FLORIDA REFERRAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% LAWRENCE M. HANKIN 3701 S OSPREY AVE SARASOTA FL 34239	% LAWRENCE M. HANKIN 3701 S OSPREY AVE SARASOTA FL 34239-6848

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3590 17TH STREET		3590 17TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA FL		City & State: SARASOTA FL	
Zip: 34235	Country: SARASOTA	Zip: 34235	Country: SARASOTA

4. FEI Number 59-2715261 ☐ 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
HANKIN, LAWRENCE M. 2033 MAIN ST #400 SUITE 6 SARASOTA FL 34237	Name: ROBERT C COWLES Street Address (P.O. Box Number is Not Acceptable): 3590 17TH STREET City: SARASOTA FL Zip Code: 34235

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 C Cowles ROBERT C COWLES 1-7-2000
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PVS~~ V-P SEC COWLES, ROBERT 4092 SOUTHWELL WAY SARASOTA FL 34241 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT COWLES, JACQUELINE 4092 SOUTHWELL WAY SARASOTA FL 34241 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 C Cowles ROBERT C COWLES 1-7-2000 941 954-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #