

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 231330

1. Entity Name

RODGERS CORNERS INC

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90068 047 \*\*\*150.00

Principal Place of Business

1724 INDIAN ROCKS RD.  
BELLEAIR FL 33756  
US

Mailing Address

1724 INDIAN ROCKS RD.  
BELLEAIR FL 33756-1656  
US

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

59-0882744

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

RODGERS, AUDREY E  
1724 INDIAN ROCKS RD  
BELLEAIR FL 33756

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

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 VP ☐ Delete  
NAME RODGERS, LENARD E.  
STREET ADDRESS 2118 ROYAL FERN CT  
CITY-ST-ZIP LONGWOOD FL 32179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP Pres. ☐ Delete  
NAME RODGERS JR, T PATRICK  
STREET ADDRESS 4195 S SHADE AVE  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME RODGERS, AUDREY E  
STREET ADDRESS 1724 INDIAN ROCKS RD  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AVP ☐ Delete  
NAME RODGERS, GREGORY P  
STREET ADDRESS 2130 DEER HOLLOW CIR  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME RODGERS, CHERI A  
STREET ADDRESS 1724 INDIAN ROCKS RD  
CITY-ST-ZIP BELLEAIR FL 33756

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Audrey E Rodgers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 727-536-1394

CR2E034 (9/99)