

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 250885**

1. Entity Name

WILLIAM F. BISHOP AND ASSOCIATES, INC.

Principal Place of Business

**78 SARASOTA CENTER BLVD.
SARASOTA FL 34240**

Mailing Address

**78 SARASOTA CENTER BLVD.
SARASOTA FL 34240**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**SAVITZ, EDWARD O
220 S. FRANKLIN STREET
TAMPA FL 33602**

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

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, 2001 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 **D** ☐ Delete
NAME **SPURGE II, WARREN H**
STREET ADDRESS **78 SARASOTA CENTER BLVD.**
CITY-ST-ZIP **SARASOTA FL**TITLE **D** ☐ Delete
NAME **HOOVER, DENNIS R**
STREET ADDRESS **78 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL**TITLE **VD** ☐ Delete
NAME **ADLER, MARK A.**
STREET ADDRESS **78 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL**TITLE **SD** ☐ Delete
NAME **LEE, MARY G**
STREET ADDRESS **78 SARASOTA CTR. BLVD.**
CITY-ST-ZIP **SARASOTA FL**TITLE **PD** ☐ Delete
NAME **LEWIS H KENT**
STREET ADDRESS **78 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34240-9770**TITLE **SD** ☐ Delete
NAME **MARTIN T. LOTT**
STREET ADDRESS **78 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34240-9770**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T D** ☐ Change ☒ Addition
NAME **WILLIAM D. KENT**
STREET ADDRESS **78 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34290-9770**TITLE **VD** ☐ Change ☒ Addition
NAME **JOHN E STEINWAY**
STREET ADDRESS **78 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34240-9770**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **WILLIAM D KENT** TREASURER

4/11/01

727-822-4317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90117 001 ***793.75

36913

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0935836

Applied For

Not Applicable

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

CR2E034 (10/00)

0414871