

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 332314

1. Entity Name

SRC OF FLORIDA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90036 020 ***150.00

Principal Place of Business

226 E. JOEL BOULEVARD
LEHIGH FL 33972
US

Mailing Address

226 E. JOEL BOULEVARD
LEHIGH FL 33972-5230
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 23-1707445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALLISON, JANET
226 E JOEL BLVD
LEHIGH ACRES FL 33972

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, 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

TITLE PD ☐ Delete
NAME MORRIS, GREGORY
STREET ADDRESS 226 EAST JOEL BOULEVARD
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE VSD ☐ Delete
NAME ALLISON, JANET
STREET ADDRESS 226 E. JOEL BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE V ☐ Delete
NAME NATIELLO, JOHN A
STREET ADDRESS 226 E. JOEL BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE VD ☐ Delete
NAME HOLQUIST, LAURA A
STREET ADDRESS 226 E. JOEL BOULEVARD
CITY-ST-ZIP LEHIGH FL 33972

TITLE TAS ☐ Delete
NAME HORVATH, MARGARET
STREET ADDRESS 226 E. JOEL BOULEVARD
CITY-ST-ZIP LEHIGH FL 33972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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: John NatIELLO, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

941-368-6779

Daytime Phone #

CR2E034 (9/99)