

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 369363

1. Entity Name

FRANK FOLSOM SMITH & PARTNERS, ARCHITECTS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90005 046 \*\*\*150.00

Principal Place of Business

Mailing Address

330 S PINEAPPLE SUITE 206  
 STE 210  
 SARASOTA FL 34236

330 S PINEAPPLE SUITE 206  
 STE 210  
 SARASOTA FL 34236-7032

2. Principal Place of Business

3. Mailing Address

330 S. Pineapple Ave

330 S. Pineapple Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1237018

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

SMITH, FRANK FOLSOM  
 900 ALAMEDA LANE  
 SARASOTA FL 34234

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 S  
 NAME ZEIGLER, JEANNE M  
 STREET ADDRESS 330 S. PINEAPPLE AVE. STE. 210  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE PD  
 NAME SMITH, FRANK FOLSOM  
 STREET ADDRESS 900 ALAMEDA LANE  
 CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: Frank Folsom Smith  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Apr 00  
 Date

944-365-7336  
 Daytime Phone #