

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404543

1. Entity Name

ABEL, BAND RUSSELL, COLLIER, PITCHFORD & GORDON,

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90106 024 ***150.00

Principal Place of Business

240 S PINEAPPLE AVE 10TH FL
P.O. BOX 49948
SARASOTA FL 34236
US

Mailing Address

240 S PINEAPPLE AVE 10TH FL
P.O. BOX 49948
SARASOTA FL 34236-6717
US

2. Principal Place of Business

240 S. Pineapple Avenue
Suite, Apt. #, etc.
10th Floor

3. Mailing Address

P. O. Box 49948
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-1409144

Applied For

Not Applicable

Zip

Country

34236

USA

Zip

Country

34230-6948

USA

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

COLLIER, RONALD
240 S. PINEAPPLE
10TH FLOOR
SARASOTA FL 34236

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|-----------------------------|-------------|---------------------------------|
| VD | COLLIER, RONALD L | 240 S PINEAPPLE AVE 10FL | SARASOTA FL | <input type="checkbox"/> |
| VD | ABATE, ANTHONY J | 240 S PINEAPPLE AVE 10FL | SARASOTA FL | <input type="checkbox"/> |
| PD | BAND, DAVID | 240 S PINEAPPLE AVE 10FL | SARASOTA FL | <input type="checkbox"/> |
| VD | RUSSELL, JEFFREY S. | 240 S PINEAPPLE AVE 10FL | SARASOTA FL | <input type="checkbox"/> |
| DST | GORDON, CHERYL L. | 240 S PINEAPPLE AVE 10FL | SARASOTA FL | <input type="checkbox"/> |
| VD | PITCHFORD, MALCOLM J | 240 S. PINEAPPLE AVE. 10 FL | SARASOTA FL | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl L. Gordon
Director

2/18/00

941/366-6660

Date

Daytime Phone #

CR2E034 (9/99)