

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 487200

1. Entity Name

280 MCCALL ROAD, INC.

Principal Place of Business

280 S MCCALL RD  
ENGLEWOOD FL 34223  
US

Mailing Address

P.O. BOX 1271  
ENGLEWOOD FL 34295-1271  
US

2. Principal Place of Business

1768 BAYSHORE DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL.

City & State

4. FEI Number

59-1627098

Applied For

Not Applicable

Zip

34223

Country

USA

Zip

34295

Country

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

ROOT CHARLES F  
1768 BAYSHORE DR  
ENGLEWOOD FL 34223

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 CD ☐ Delete

NAME ROOT, CHARLES F.  
STREET ADDRESS 1768 BAYSHORE DR.  
CITY-ST-ZIP ENGLEWOOD FL

TITLE PD ☐ Delete

NAME ROOT, PETER S.  
STREET ADDRESS 1768 BAYSHORE DR  
CITY-ST-ZIP ENGLEWOOD FL

TITLE TSD ☐ Delete

NAME ROOT-STEPHENS, DIANNE  
STREET ADDRESS 1768 BAYSHORE DR  
CITY-ST-ZIP ENGLEWOOD FL

TITLE VD ☐ Delete

NAME ROOT, T. M  
STREET ADDRESS 2102 RIVER PARK DR  
CITY-ST-ZIP ORLANDO FL 32817

TITLE VD ☐ Delete

NAME ROOT, MARCZYK D  
STREET ADDRESS 6501 COWIE RD  
CITY-ST-ZIP WYOMING NY

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Charles F. Root

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90149 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE