

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600717

1. Entity Name

DRS YELVERTON, LERNER, FALLIERAS & KILBRIDE, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 031 ***150.00

Principal Place of Business

Mailing Address

2818 W VIRGINIA AVE
TAMPA FL 33607

2818 W VIRGINIA AVE
TAMPA FLA 33607-6330

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 59-1230909

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

YELVERTON, ROBERT W.
2818 WEST VIRGINIA AVENUE
TAMPA-FL 33607

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 PD
NAME YELVERTON, ROBERT
STREET ADDRESS 2818 WEST VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME MINTON, DAVID C MD
STREET ADDRESS 2818 W. VIRGINIA
CITY-ST-ZIP TAMPA FL 33607 ☐ Change ☒ Addition

TITLE VD
NAME LERNER, ALEXANDER
STREET ADDRESS 2818 WEST VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE SD
NAME FALLIERAS, NICHOLAS G.
STREET ADDRESS 2818 WEST VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE TD
NAME KILBRIDE, KATHLEEN
STREET ADDRESS 2818 WEST VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME MARSTON, JOHN
STREET ADDRESS 2818 W VIRGINIA AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME JAEGER, MICHAEL W
STREET ADDRESS 2818 W. VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

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

4/10/00

Date

213-872-8551

Daytime Phone #

CR2E034 (9/99)