

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90038 022 ***150.00

DOCUMENT # 600717

1. Entity Name

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

Principal Place of Business

**2818 W VIRGINIA AVE
 TAMPA FL 33607**

Mailing Address

**2818 W VIRGINIA AVE
 TAMPA FL 33607**

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, 2001 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	<input type="checkbox"/> Delete
NAME	YELVERTON, ROBERT	
STREET ADDRESS	2818 WEST VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LERNER, ALEXANDER	
STREET ADDRESS	2818 WEST VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FALLIERAS, NICHOLAS G.	
STREET ADDRESS	2818 WEST VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KILBRIDE, KATHLEEN	
STREET ADDRESS	2818 WEST VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSTON, JOHN	
STREET ADDRESS	2818 W VIRGINIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAEGER, MICHAEL W	
STREET ADDRESS	2818 W. VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minton, David C.	
STREET ADDRESS	2818 W. Virginia Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, ALEXANDER	
STREET ADDRESS	2818 W. VIRGINIA AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fallieras, Nicholas G.	
STREET ADDRESS	2818 W. Virginia Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marston, John H.	
STREET ADDRESS	2818 W. Virginia Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Yelverton 3-1-01

Date

813/872-8551

Daytime Phone #

CR2E034 (10/00)