

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601195

1. Entity Name

EDWARD D. STONE, JR. AND ASSOCIATES, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90035 004 \*\*\*150.00

Principal Place of Business

Mailing Address

% EDWARD D. STONE, JR.  
1512 EAST BROWARD BLVD., SUITE 110  
FORT LAUDERDALE FL 33301

% EDWARD D. STONE, JR.  
1512 EAST BROWARD BLVD., SUITE 110  
FORT LAUDERDALE FLA 33301-2126

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

59-1265229

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

STONE, EDWARD D. JR.  
1512 EAST BROWARD SUITE 110  
FORT LAUDERDALE FL 33301

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 CD ☐ Delete  
NAME STONE, EDWARD D. JR.  
STREET ADDRESS 151 STINGAREE POINT  
CITY-ST-ZIP VERO BEACH FL

TITLE SD ☐ Delete  
NAME COOLMAN, C. DOUGLAS  
STREET ADDRESS 1911 BAYVIEW DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☐ Delete  
NAME LALLI, JOSEPH J.  
STREET ADDRESS 601 N. VICTORIA PARK ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPD ☐ Delete  
NAME ARMBRUSTER, DAVID S.  
STREET ADDRESS 1715 SE 14TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD ☐ Delete  
NAME MILLER, JOHN W  
STREET ADDRESS 4363 BENEDICTINE CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE VPD ☐ Delete  
NAME J. Robert Behling  
STREET ADDRESS 920 S.E. 5th Corut  
CITY-ST-ZIP Fort Lauderdale, FL

TITLE VPD ☐ Change ☐ Addition  
NAME Charles A. Bell  
STREET ADDRESS 3797 Kinsley Place  
CITY-ST-ZIP Winter Park, FL

TITLE CFO, TREASURER ☐ Change ☒ Addition  
NAME Joaquin R. Vendrell  
STREET ADDRESS 1000 N.W. 161st Avenue  
CITY-ST-ZIP Pembroke Pines, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)