

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612356

1. Entity Name

TOM GROGAN, ATTORNEY AT LAW, P.A.

**FILED**  
**Sep 20, 2000 8:00 am**  
**Secretary of State**

09-20-2000 90002 029 \*\*\*550.00

Principal Place of Business

335 FIFTH AVE S  
 NAPLES FL 33940

Mailing Address

335 FIFTH AVE S  
 NAPLES FL 33940

2. Principal Place of Business

850 CENTRAL AVE

Suite, Apt. #, etc.

SUITE 205

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Address

850 CENTRAL AVE.

Suite, Apt. #, etc.

SUITE 205

City & State

NAPLES, FL

Zip

34102

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1927666

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 GROGAN, TOM  
 STREET ADDRESS 335 FIFTH AVE S. 850 CENTRAL AVE  
 CITY-ST-ZIP NAPLES FL 34102 SUITE 205

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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 (5/00)