

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646761

1. Entity Name

HRB BUSINESSES OF FLORIDA, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90032 037 \*\*\*150.00

Principal Place of Business: 2730 US HWY 1 S  
SUITE P  
ST. AUGUSTINE FL 32086

Mailing Address: PO BOX 1012  
CITRA FL 32113-1012  
US

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

City & State: Zip Country

4. FEI Number: 59-1940939

Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORNETTE, LILLIAN  
2730 US HWY S  
SUITE P  
ST AUGUSTINE FL 32086

## 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 \$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          | PD                   | <input type="checkbox"/> Delete |
| NAME           | MANROSE, PATRICK D   |                                 |
| STREET ADDRESS | 18475 NW 4TH TERRACE |                                 |
| CITY-ST-ZIP    | CITRA FL             |                                 |
| TITLE          | SD                   | <input type="checkbox"/> Delete |
| NAME           | MANROSE, CAROLE C    |                                 |
| STREET ADDRESS | 18475 NW 4TH TERRACE |                                 |
| CITY-ST-ZIP    | CITRA FL             |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 REQUIRED*

2/22/2000

1004523-1040

Date

Daytime Phone #