

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90120 050 ***150.00

DOCUMENT # 678713**1. Entity Name****ADLER INVESTMENTS, INC.****Principal Place of Business****201 S. TAMiami TRAIL, HWY 41 SOUTH
RUSKIN FL 33570****Mailing Address****PO BOX 1008
RUSKIN FL 33570****BU041750**

DO NOT WRITE IN THIS SPACE

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 59-2030126

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MIXON JR., CHARLES F.
1112 E. KENNEDY BLVD
TAMPA FL 33602****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUSSELL, ALICE	
STREET ADDRESS	201 S TAMiami TRAIL	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREWING, MARGARET ANN	
STREET ADDRESS	2213 HICKORY RIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DOBSON, JR T	
STREET ADDRESS	1815 STAFFORDSHIRE CRESCENT	
CITY-ST-ZIP	HOUSTON TX 77030	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GREWING, DOUGLAS D	
STREET ADDRESS	2213 HICKORY RIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOBSON, MARY JANE R	
STREET ADDRESS	1815 STAFFORDSHIRE CRESCENT	
CITY-ST-ZIP	HOUSTON TX 77030	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, W.H.	
STREET ADDRESS	PO BOX 1008, 201 S. TAMiami TRAIL	
CITY-ST-ZIP	RUSKIN FL 33570	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:***Alice W. Russell***Alice W. Russell****4/24/01****813/645-6416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone