

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728828

1. Entity Name

FLORIDA BUSINESS ROUNDTABLE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90021 035 ****61.25

Principal Place of Business

8 COVE ROAD
P.O. BOX 1788
PONTE VEDRA FL 32082

Mailing Address

8 COVE ROAD
P.O. BOX 1788
PONTE VEDRA FL 32082-3301

2. Principal Place of Business

320 W. Sabal Palm Place

3. Mailing Address

320 W. Sabal Palm Place

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

Zip

32779

Country

4. FEI Number

59-1487806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'REILLY, ROGER P.
8 COVE ROAD
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name— Bur Sienkiewicz

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

Florida Business Roundtable, Inc.

320 W. Sabal Palm Place, Suite 150

City

Longwood

FL

Zip Code
32779

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)

3/30/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	☒ Delete
NAME	DICHIARA, GIRLAMO	
STREET ADDRESS	400 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☒ Delete
NAME	SCHWEITZER, LAWRENCE	
STREET ADDRESS	2600 LAKE LUCIEN DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	☒ Delete
NAME	WELBORN, JOSEPH	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	☐ Delete
NAME	RIVERS, MICHAEL R	
STREET ADDRESS	WYANDOTTE ROAD, NORTH	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	☒ Delete
NAME	KIRK, JERRY	
STREET ADDRESS	200 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	☒ Delete
NAME	DINGLE, DENNIS G	
STREET ADDRESS	3201 34TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Daniel J. McKenna	
STREET ADDRESS	P. O. Box 11013	
CITY-ST-ZIP	Cincinnati, OH 45211-1113	
TITLE	D	☐ Change ☒ Addition
NAME	Robert F. Tomczak	
STREET ADDRESS	11650 Lipsey Road	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	☐ Change ☒ Addition
NAME	Mark S. Wood	
STREET ADDRESS	540 Phelps St.	
CITY-ST-ZIP	Jacksonville, FL 32201	
TITLE	SD	☒ Change ☐ Addition
NAME		
STREET ADDRESS	3008 Ripplewood Dr.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	D	☐ Change ☒ Addition
NAME	Eugene Zakis	
STREET ADDRESS	9500 Koger Blvd #200	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	D	☐ Change ☒ Addition
NAME	Ralph D. Ellis, Jr.	
STREET ADDRESS	Univ. of Florida, 345 Weil Hall	
CITY-ST-ZIP	Gainesville, FL 32611-2083	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
Date

813-644-5106
Daytime Phone #

CFR2E037 (9/99)

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Additional information for Box 11 - Additions/Changes to Officers & Directors

D x Addition
Ron Cobb
P. O. Box 14910
Bradenton, FL 34280

D. Thomas Stapleton
600 Morgan Falls Road #300
Atlanta, GA 30350