## 2000 UNIFORM BUSINESS REPORT (UBR)

SKINDER SIGNATURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAND OFFICER OF DIRECTOR

SIGNATURE:

DOCUMENT # <b>F15259</b>					FILEU				
1. Entity Name RONA W. ROSS, P.H.D., P.A.					00 JUL 19 PH 2: 42				
HONA	N. BOOO, FIRIDI, FIA				SECRET	\2\ 0E GTAT			
					TABLAHA	ARY OF STAT SSEE. FLORI	ic. DA		
•	ce of Business	Mailing Address				_,	<del>-</del>		
330 S PINEAPPLE AVE 330 S PINEAPPLE AVE SUITE 110 SUITE 110									
SARASOTA FL 34236 SARASOTA FL 34236									
SA		SA						<b>   </b>	
2. Principal Place of Business		3. Mailing Address 160 HAIN \$							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO	NOT WRITE IN THIS	S SPACE		
City & State		City & State AMOUTA, R		<b>4.</b> FE	El Number 59	-2095723		oplied For ot Applicable	
Zip	Country	Zip 34736	Country	<b>5</b> . C	ertificate of Status	Desired	\$8.75 Add		
	6. Name and Address of Current F	l Registered Agent		7. Na	ame and Address	of New Registered			
Name					HAEL-R. PENDER, VR				
					x Number is Net A	cceptab	1100		
SARASOTA FL 34236					AIN ST	., aute	<u> </u>		
			City				7ia Cod	<u> </u>	
					जा 🕰	F	L Zaca	236	
8. The above	named entity submits this statement for	the purpose of manging it	registered office or	registered age	nt, or both, in the S	State of Florida.	1 .	ì	
SIGNATURE	/ Mulans	Much				1/	10/00		
SIGNATURE	Signature typed or printed name of registered agent an	nd title if applicable. (NOTE	: Regate ed Agent signati	re required when rein	stating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00					10. Election Car	mpaign Financing	\$5.0	0 May Be	
-	requirement and elects to do so. ria on back)	After SEPTEMBER 1: Make Check Payab			Trust Fund C			to Fees	
11.	OFFICERS AND C		12.	ADD		S TO OFFICERS AN			
TITLE NAME	DP ROSS, RONA W	Delete	TITLE NAME		10000	J33499	Change	Addition	
STREET ADDRESS	4837 SWIFT ROAD, STE 207		STREET ADDRESS		Ui	3/08/000: ***150.00	109401 ****150	4	
CITY-ST-ZIP	SARASOTA, FL 00000		CITY-ST-ZIP		290.2	թ**ք⊒Ս.ՍՍ	*****1:00 		
TITLE	D MARRIAGUASI B	Delete	TITLE	Direct	M		☐ Change	Addition	
NAME STREET ADDRESS	KARP, MICHAEL R. 620 S ORANGE AVE STE 200		NAME STREET ADDRESS	MICHA	er P	ENDER 1	•		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP +	1604	MAIN ST,	500 50, VA Suite FL 344	100 34		
TITLE		☐ Delete	TITLE		mroin,	FL 34.	☐ Change	☐ Addition	
NAME ·	- ~		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE				☐ Change	☐ Addition	
NAME		<u> </u>	NAME				<b>—</b> · · ·•	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		****			[7] A 1295-	
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS	· : <u>-</u>	,	STREET ADDRESS						
CITY-ST-ZIP	TS	<u> </u>	CITY-ST-ZIP	2.04					
TITLE	\	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	•		NAME STREET ADDRESS						
CITY-ST-ZIP	,		CITY-ST-ZIP						
<b>13.</b> I hereby (	I certify that the information supplied with t	this filing does not qualify for	the exemption stat	ed in Section 1	19.07(3)(i), Florida	Statutes. I further c	ertify that the in	nformation	
of the cor	on this report or supplemental report is t poration or the receiver or trustee empov	wered to execute this report :	ny signature shall ha as required by Cha	ave the same le pter 607, Florida	gal effect as if mad a Statutes; and tha	de under oath; that at my name appears	I am an officer s in Block 11 or	or director Block 12 if	
changed	or on an attachment with an address, wi	ith all other like empowered.						(	

RONA W. ROSS, PH.D., P.A.

July 10,2000

The enclosed filing fee is lake due to the death of my accountant and the subsequent time it took to retain a new accountant. Therefore, I am hoping you will excuse the lake fee; Sincerely yours,

Licensed Psychologist 🗖 (941) 954-6050 🗖 FAX (941) 953-2083 🗖 330 Pineapple Aver