

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90049 028 \*\*\*150.00

NR20000  
AV

**DOCUMENT # F15259**

1. Entity Name

**RONA W. ROSS, P.H.D., P.A.**

Principal Place of Business

**330 S PINEAPPLE AVE  
SUITE 110  
SARASOTA FL 34236  
SA**

Mailing Address

**1605 MAIN ST  
SUITE 1100  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

**2381 FRUITVILLE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**SARASOTA, FL**

4. FEI Number

**59-2095723**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34237**

**USA**

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

**PENDER, MICHAEL R JR**

**1605 MAIN ST., SUITE 1100  
SARASOTA FL 34236**

Name

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

**2381 FRUITVILLE ROAD**

City

**SARASOTA, FL**

FL

Zip Code

**34237**

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.

(NOT Required Agent signature required when reinstating)

DATE

**3/16/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **ROSS, RONA W**  
STREET ADDRESS **4637 SWIFT ROAD, STE 207**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition  
NAME **SARASOTA, FL 34236**  
STREET ADDRESS **330 S. Pineapple Ave, Suite 110**  
CITY-ST-ZIP **34236**

TITLE **D** ☐ Delete  
NAME **PENDER, MICHAEL R JR**  
STREET ADDRESS **1605 MAIN ST., SUITE 1100**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
NAME **2381 Fruitville Road**  
STREET ADDRESS **34237**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 18 2002**

Date

Daytime Phone #

**941-954-6050**

CR2E034 (9/01)