

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001742

1. Entity Name

RECOVERY ADJUSTMENT BUREAU, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90094 033 ***150.00

Principal Place of Business

Mailing Address

27300 GUAPORE DRIVE
PUNTA GORDA FL 33983

27300 GUAPORE DRIVE
PUNTA GORDA FL 33983-5408

2. Principal Place of Business

4055 TAMiami TR

Suite, Apt. #, etc.

UNIT 9

City & State

PORT CHARLOTTE, FLORIDA

Zip

33942

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2113434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOTHERS, DEBBIE S

4055 TAMiami TRAIL UNIT 9

PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

DEBORAH A. BROTHERS

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

27300 GUAPORE DRIVE

City

PUNTA GORDA

FL

Zip Code

33983

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

DEBORAH A. BROTHERS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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	P	<input type="checkbox"/> Delete
NAME	BROTHERS, MARK P	
STREET ADDRESS	27300 GUAPORE DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROTHERS, DEBORAH	
STREET ADDRESS	27300 GUAPORE DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AVELAR, MANUEL S	
STREET ADDRESS	30 MILLER BLVD	
CITY-ST-ZIP	SYOSSET NY	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

MARK P. BROTHERS

4/24/00

Date

941-624-4732

Daytime Phone #

CR2E034 (9/99)