

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18993

1. Entity Name

ANN GROGAN & ASSOCIATES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90014 011 ***150.00

Principal Place of Business

Mailing Address

370 WAYMONT CT.
SUITE 100
LAKE MARY FL 32746

370 WAYMONT
SUITE 100
LAKE MARY FL 32746-3484

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

59-1995295

Applied For

Not Applicable

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

MILITELLO, VINCE J.
251 BAYOU CIR.
DEBARY FL 32713

(ADDRESS CHANGE) →

Name

SAME

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

174 HARSTON CT.

City

HEATHROW

FL

Zip Code

32746

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MILITELLO VINCE
STREET ADDRESS 1180 SPRING CENTRE SO. BLVD. #212
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ Delete

TITLE SAME
NAME SAME
STREET ADDRESS 174 HARSTON CT.
CITY-ST-ZIP HEATHROW, FL 32746

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

VINCE MILITELLO

4/14/00 407/324-3355

CR2E034 (9/99)