

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58454

1. Entity Name

THE FORTUNE GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90306 008 ***158.75

Principal Place of Business

7867 SAILBOAT KEY BLVD. S.
SUITE 101
ST. PETERSBURG FL 33707

Mailing Address

7867 SAILBOAT KEY BLVD. S.
SUITE 101
ST. PETERSBURG FL 33707-6301

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

59-2321982

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

RASMUSSEN, ROBERT E.
7867 SAILBOAT KEY BLVD SOUTH
SUITE 101
ST. PETERSBURG FL 33707

Name

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

City

FL

Zip Code

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 VP
NAME RASMUSSEN, ROBERT E.
STREET ADDRESS 7867 SAILBOAT KEY BLVD S
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE CEOP
NAME RASMUSSEN, DOLORES C.
STREET ADDRESS 7867 SAILBOAT KEY BLVD S
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE D
NAME RASMUSSEN, MICHAEL E.
STREET ADDRESS 5127 8TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE TS
NAME HARMAN, ANNETTE R
STREET ADDRESS 5337 11TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME RASMUSSEN, THOMAS E.
STREET ADDRESS 5375 16TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME RASMUSSEN, DEANNE M.
STREET ADDRESS 3620 102ND PLACE
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE D
NAME PATRICIA M. STRAND
STREET ADDRESS 3620 102ND PLACE
CITY-ST-ZIP CLEARWATER, FL ☐ Change ☒ Addition

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

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

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

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

TITLE D
NAME DRIVER, DEANNE M.
STREET ADDRESS 7867 SAILBOAT KEY #101
CITY-ST-ZIP ST PETERSBURG FL 33707 ☒ 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 #

CR2E034 (9/99)