

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75142

1. Entity Name

HERBERT L. ORT, CPA, P.A.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90112 006 ***158.75

Principal Place of Business

5235 RAMSEY WAY, SUITE 17
FT. MYERS FL 33907

Mailing Address

PO BOX 60091
FT. MYERS FL 33906-6091

2. Principal Place of Business

2234 COLONIAL BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33907

Country

Zip

Country

4. FEI Number

59-2369837

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

ORT, HERBERT L.
5235 RAMSEY WAY
SUITE 17
FT. MYERS FL 33907

Name

SAME

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

2234 COLONIAL BLVD

City

FORT MYERS

FL

Zip Code

33907

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

Herbert L. Ort HERBERT L. ORT, PRESIDENT

4/28/00

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ORT, HERBERT L.
STREET ADDRESS 4466 W. MAINMAST CT.
CITY-ST-ZIP FT MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Herbert L. Ort HERBERT L. ORT, PRES. 4/28/00 941-931-7280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EX14 1999