

2000 UNIFORM BUSINESS REPORT (UBR)

1829290

DOCUMENT # H28744
 1. Entity Name
ROOT GLASS CO., INC.

FILED
 00 FEB 24 PM 1:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
525 FENTRESS BLVD **P O BOX 2860**
P.O. BOX 2860 **P.O. BOX 2860**
DAYTONA BEACH FK 32114 **DAYTONA BEACH FL 32120-2860**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
275 Clyde Morris Blvd. **275 Clyde Morris Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Ormond Beach, FL **Ormond Beach, FL**
 Zip Country Zip Country
32174 **USA** **32174** **USA**

4. FEI Number Applied For
59-2868816 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
WILLIAM J. VOGES, ESQUIRE
525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114
 Name **William J. Voges**
 Street Address (P.O. Box Number is Not Acceptable)
275 Clyde Morris Blvd.
600003158336--6
-03/06/00--01099--007
 City **Ormond Beach** ******150.00FL****32174 00**

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 *William J. Voges* **William J. Voges, Registered Agent** **1/10/2000**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROOT, SUSAN S. 525 FENTRESS BLVD. DAYTONA BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Feibleman, Susan R. 275 Clyde Morris Blvd. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROOT, CHAPMAN J., II 525 FENTRESS BLVD. DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PLEASE SEE ATTACHED PAGE FOR EXPLANATION.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DITTBENNER, EILEEN M 525 FENTRESS BLVD. DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Root, R. Christopher 275 Clyde Morris Blvd. Ormond Beach, FL 3217 4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VOGES, WILLIAM J 525 FENTRESS BLVD. DAYTONA BCH. FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Root, John S. 275 Clyde Morris Blvd. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, SUSAN ROOT 525 FENTRESS BLVD. DAYTONA BCH. FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Root, J. Preston 275 Clyde Morris Blvd. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOT, WILLIAM S 525 FENTRESS BLVD. DAYTONA BCH. FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

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: *William J. Voges* **William J. Voges, Secty.,** **2/2/2000** **(904)671-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

H28744

**THE ADDRESS FOR ALL OF THE LISTED OFFICERS AND DIRECTORS
OF THIS ENTITY HAS CHANGED!**

THE NEW ADDRESS IS:

*275 Clyde Morris Blvd.
Ormond Beach, FL 32174*

PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

If you have any questions concerning the aforementioned change, please feel free to contact Kira H. Soto at (904) 671-4908.

Thank you!