

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37288

1. Entity Name

ANRO ENGINEERING, INC.

Principal Place of Business

1800 SECOND STREET  
SUITE 878  
SARASOTA FL 34236  
US

Mailing Address

1800 SECOND STREET  
SUITE 878  
SARASOTA FL 34236-5988  
US

2. Principal Place of Business

1800 Second St

Suite, Apt. #, etc.

Suite 740

3. Mailing Address

1800 Second St

Suite, Apt. #, etc.

Suite 740

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

US

Zip

34236

Country

US

6. Name and Address of Current Registered Agent

ROSS, VIVIAN I.  
455 LONGBOAT CLUB RD PH1  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | ROSS, GERALD F.          |                                 |
| STREET ADDRESS | 455 LONGBOAT CLUB RD PH1 |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL          |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | ROSS, VIVIAN I.          |                                 |
| STREET ADDRESS | 455 LONGBOAT CLUB RD PH1 |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228    |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | KAHN, WALTER K.          |                                 |
| STREET ADDRESS | 7709 HAMILTON SPRING RD. |                                 |
| CITY-ST-ZIP    | BETHESDA MD 20817        |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | KAHN, BARBARA            |                                 |
| STREET ADDRESS | 7709 HAMILTON SPRING RD. |                                 |
| CITY-ST-ZIP    | BETHESDA MD 20817        |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | BARTON, DAVID K.         |                                 |
| STREET ADDRESS | 80 LYME RD., APT 1004    |                                 |
| CITY-ST-ZIP    | HANOVER NH 03755         |                                 |
| TITLE          | TV                       | <input type="checkbox"/> Delete |
| NAME           | HINKLEY, CATHERINE       |                                 |
| STREET ADDRESS | 21 ZINA ROAD             |                                 |
| CITY-ST-ZIP    | HUDSON MA                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |              |   |
|----------------|--------------|---|
| TITLE          |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | See Attached |   |
| 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

(978) 897-2601

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90056 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2714072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CP25024 (3/00)

101200

THURSDAY

00042118

|  |  |            |
|--|--|------------|
| 1999   | SUPPLEMENTAL INFORMATION   | PAGE 1     |
| CLIENT 731                                   | ANRO ENGINEERING, INC  | 04-2714072 |
| 03/03/00                                     |  | 09:45 AM   |
| NAMES AND ADDRESSES OF OFFICERS & DIRECTORS: |  |            |
| PRESIDENT:                                   | LEE R. CAIN<br>612 WATERSIDE WAY<br>SARASOTA, FL 34242                     |            |
| TREASURER:                                   | CATHERINE H. HINKLEY<br>21 ZINA ROAD<br>HUDSON, MA 01749                   |            |
| CLERK:                                       | BEVERLY J. BOTTS<br>4722 OLD FARM ROAD<br>SARASOTA, FL 34233               |            |
| CEO:   | GERALD F. ROSS<br>455 LONGBOAT CLUB ROAD, PH ONE<br>LONGBOAT KEY, FL 34228 |            |
| DIRECTORS:                                   | VIVIAN I. ROSS<br>455 LONGBOAT CLUB ROAD, PH ONE<br>LONGBOAT KEY, FL 34228 |            |
|  | DAVID K. BARTON<br>80 LYME RD., APT 1004<br>HANOVER, NH 03755              |            |
|  | WALTER K. KAHN<br>7709 HAMILTON SPRING ROAD<br>BETHESDA, MD 20817          |            |
|  | BARBARA L. KAHN<br>7709 HAMILTON SPRING ROAD<br>BETHESDA, MD 20817         |            |
|  | PAUL C. HAMILTON<br>340 RIDGE ROAD<br>SEDONA, AZ                           |            |
|  | GERALD F. ROSS<br>455 LONGBOAT CLUB ROAD, PH ONE<br>LONGBOAT KEY, FL 34228 |            |
|  | JOSEPH D. DeLORENZO<br>534 VALLEY CREEK ROAD<br>ROCHESTER, NY 14624-1507   |            |