## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # H59629** PROCTOR ASSOCIATES OF SARASOTA, INC. 04-26-2001 90123 014 \*\*\*150.00 Principal Place of Business Mailing Address 1515 RINGLING BOULEVARD 1515 RINGLING BOULEVARD TENTH FLOOR TENTH FLOOR 901481 SARASOTA FL 34236 SARASOTA FL 34236 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Number Applied For 59-2556434 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEYSER, STEPHEN B. Street Address (P.O. Box Number is Not Acceptable) 1515 RINGLING BOULEVARD **TENTH FLOOR** SARASOTA FL 34236 Zip Code 1000 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) CATÉ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TIT: E Addition KEYSER, STEPHEN B NAME NAME 1515 RINGHLING BLVD. 10 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Deleta Change [ ] Addition BARON, DAVID J NAME 1515 RINGLING BLVD. 10TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition SKIPPER, J. RONALD NAME 1515 RINGLING BLVD. 10TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CHY SE-ZIP TITLE ☐ Delete TiTLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 eath; 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR