## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am Secretary of State H80985 DOCUMENT # 1. Entity Name 04-09-2002 91183 025 \*\*\*158.75 Q. GRADY MINOR AND ASSOCIATES, P.A. Mailing Address Principal Place of Business 3800 VIA DEL REY 3800 VIA DEL REY **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2583954 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINOR, Q. GRADY Street Address (P.O. Box Number is Not Acceptable) 3800 VIA DEL REY **BONITA SPRINGS FL 34134** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. X Addition ☐ Change ☐ Delete VD TITLE MINOR, Q. GRADY NAME NAME Trebilcock, Norman J. 3800 VIA DEL REY STREET ADDRESS STREET ADDRESS 3800 VIA DEL REY **BONITA SPRINGS FL** CITY-ST-ZIF CITY-ST-ZIP BONITA SPRINGS, FL ☐ Addition ☐ Delete TITLE ☐ Change **VD** TITLE MINOR, MARK W. NAME NAME STREET ADDRESS STREET ADDRESS 3800 VIA DEL REY CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** Addition ☐ Delete TITLE ☐ Change TITLE STD NAME NAME MINOR, NANCY STREET ADDRESS STREET ADDRESS 3800 VIA DEL REY CITY-ST-ZIF CITY-ST-ZIP **BONITA SPRINGS FL** ☐ Addition Change TITLE Delete TITLE NAME NAME ROSEMAN, ALAN V. STREET ADDRESS STREET ADDRESS 3800 VIA DEL REY CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SANDOVAL, ERIC V STREET ADDRESS STREET ADDRESS 3800 VIA DEL REY **BONITA SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, C. DEAN NAME STREET ADDRESS 3800 VIA DEL REY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BONITA SPRINGS FL** 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 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.

SIGNATURE:

CR2E034 (9/01)