

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30130

1. Entity Name

PRO-VISE MANAGEMENT GROUP, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90099 020 ***150.00

Principal Place of Business

Mailing Address

% RAY FERRARA
611 DRUID RD. SUITE 105
CLEARWATER FL 33756

% RAY FERRARA
611 DRUID RD. SUITE 105
CLEARWATER FL 33756-3948
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2751257**

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

FERRARA, RAY
611 DRUID RD
SUITE 105
CLEARWATER FL 33756

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME MORRIS, THOMAS O.
STREET ADDRESS 5401 WEST KENNEDY BLVD SUITE 480
CITY-ST-ZIP TAMPA FL

TITLE EVP ☐ Change ☒ Addition
NAME Lucas Prewett
STREET ADDRESS 100 Pierce Street
CITY-ST-ZIP Clearwater, FL 33756

TITLE D ☐ Delete
NAME FERRARA, KIM
STREET ADDRESS 147 ALETA DR.
CITY-ST-ZIP BELLEAIR BCH FL

TITLE VP ☐ Change ☒ Addition
NAME William Raddatz
STREET ADDRESS 6855 Circle Creek Drive
CITY-ST-ZIP Pinellas Park, FL 33781

TITLE S ☐ Delete
NAME DURBIN, ANGELA N
STREET ADDRESS 340 TRALEE ST NE
CITY-ST-ZIP LARGO FL

TITLE EVP ☐ Change ☒ Addition
NAME Bruce Fyfe
STREET ADDRESS 941 Weatehrsfield Drive
CITY-ST-ZIP Dunedin, FL 34698

TITLE P ☐ Delete
NAME FERRARA, V RAYMOND
STREET ADDRESS 147 ALETA DR
CITY-ST-ZIP BELLEAIR BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ADAMS, KIMBERLY
STREET ADDRESS 11856 BRANCH MOORING DR
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME COVERT, NEIL
STREET ADDRESS 2749 NORTHBRIDGE DR. E.
CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-441-9022

CR2E034 (9/99)