

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48909

1. Entity Name

ROBERT COOPER & ASSOCIATES, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90055 041 \*\*\*150.00

Principal Place of Business

3618 WEBBER ST. SUITE 104  
SARASOTA FL 34232

Mailing Address

3618 WEBBER ST. SUITE 104  
SARASOTA FL 34232-4430

2. Principal Place of Business

1401 2nd Street

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota FL

Zip

34236

Country

Sarasota

3. Mailing Address

1401 2nd Street

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota FL

Zip

34236

Country

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2766963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, MARIAN M.  
3618 WEBBER ST. SUITE 104  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name  
Marian M. Cooper

Street Address (P.O. Box Number is Not Acceptable)

1401 2nd Street

Suite 1

City

Sarasota

FL

Zip Code

34236

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

Marian M. Cooper, Secretary 4-7-00

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	DP	<input type="checkbox"/> Delete
NAME	COOPER, ROBERT F.	
STREET ADDRESS	3618 WEBBER ST. #104	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOPER, MARK A	
STREET ADDRESS	3618 WEBBER ST. #104	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, MARIAN M.	
STREET ADDRESS	3618 WEBBER ST. #104	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1401 2nd St Suite 1
CITY-ST-ZIP	Sarasota FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1401 2nd St Suite 1
CITY-ST-ZIP	Sarasota FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1401 2nd St Suite 1
CITY-ST-ZIP	Sarasota FL 34236
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

Marian M. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 941 9520319

CR2E034 (9/99)