

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90473 001 ***150.00

DOCUMENT # J65267

1. Entity Name

RMR ASSOCIATES, INC.

Principal Place of Business

**2601 CATTELMEN ROAD
 SARASOTA FL 34232**

Mailing Address

**2601 CATTELMEN ROAD
 SARASOTA FL 34232**

2. Principal Place of Business

6300 UNIVERSITY PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

6300 UNIVERSITY PARKWAY

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34240

Country

Zip

34240

Country

4. FEI Number

65-0222711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JACOBS, GORDON W.
 2601 CATTELMEN RD.
 SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name

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

6300 UNIVERSITY PARKWAY

City

SARASOTA

FL

Zip Code

34240

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, 2002 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 ☐ Delete

**D
 ABEL, BAND R COLLIER
 240 PINEAPPLE AVENUE, S.
 SARASOTA FL**

TITLE ☐ Delete

**D
 JACOBS, GW
 2601 CATTELMEN RD.
 SARASOTA FL**

TITLE ☐ Delete

**D
 LEO, HADLEY K.
 7656 PENINSULAR DR.
 SARASOTA FL**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

**6300 UNIVERSITY PARKWAY
 SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(941) 907-7627

Daytime Phone #

CR2E034 (9/01)