

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90281 016 ***150.00

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DOCUMENT # J65267

1. Entity Name

RMR ASSOCIATES, INC.



Principal Place of Business

**6300 UNIVERSITY PARKWAY
SARASOTA FL 34240
US**

Mailing Address

**6300 UNIVERSITY PARKWAY
SARASOTA FL 34240
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

65-0222711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, GORDON W.
6300 UNIVERSITY PARKWAY
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

**D
JACOBS, GW
6300 UNIVERSITY PARKWAY
SARASOTA FL 34240**

TITLE NAME ☐ Delete

**D
LEO, HADLEY K.
7856 PENINSULAR DR.
SARASOTA FL**

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon W. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(941) 907-7643

Daytime Phone #

CR2E034 (10/02)