

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90008 023 \*\*\*150.00

C0019128



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # K62649</b>			
<b>1. Entity Name</b> <b>R. A. ROGERS CONSTRUCTION COMPANY</b>			
<b>Principal Place of Business</b> <del>WHOPPING LOOP LANE</del> <del>#1319</del> <del>TAMONTE SPRINGS FL 32701</del> <b>NEW ADDRESS</b> <b>200 S ORANGE AVE</b> <b>SUITE 2300</b> <b>ORLANDO FL 32801-3455</b> <b>US</b>		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b> <b>111 W. MAGNOLIA AVENUE</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>LONGWOOD, FLORIDA</b>		<b>City &amp; State</b>	
<b>Zip</b> <b>32750</b>	<b>Country</b> <b>USA</b>	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> <b>59-2931863</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>ROSENBLUTH, EMERY H JR</b> <b>111 N. ORANGE AVENUE, SUITE 900</b> <b>ORLANDO FL 32801-2378</b>			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>ROGERS, ROBERT A., IV</b> <b>4017 SHADY OAK COURT</b> <b>LAKE MARY FL</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>ROGERS, CAROLYN H.</b> <b>4017 SHADY OAK COURT</b> <b>LAKE MARY FL</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <b>SIGNATURE REQUIRED</b>		<b>1/25/00</b> <b>407-339-4001</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	