

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72740

1. Entity Name

RYDBERG & GOLDSTEIN, P.A.

Principal Place of Business

500 E. KENNEDY BLVD
STE 200
TAMPA FL 33602
US

Mailing Address

500 E KENNEDY BLVD
STE 200
TAMPA FL 33602-4990
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 59-2934797

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

GOLDSTEIN, BRUCE S.
500 E KENNEDY BLVD
STE 200
TAMPA FL 33602

Name

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

City

Suite 101-A

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)

1-12-00

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 DP
NAME RYDBERG, MARSHA G.
STREET ADDRESS 100 N-TAMPA ST, #2700 -
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 400 N. Tampa Street, Suite 2630
CITY-ST-ZIP

TITLE DVST
NAME GOLDSTEIN, BRUCE S.
STREET ADDRESS 500 E KENNEDY BLVD., STE-200
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 101-A
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
Bruce S. Goldstein

1-12-00

Date

(813) 229-3900

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)