

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90388 002 ***150.00

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DOCUMENT # L13854

1. Entity Name
BETTY BANCROFT FLORIDA, INC.

Principal Place of Business
2600 NO MAIN STR
GAINESVILLE FL 32602
US

Mailing Address
515 EAST LAS OLAS BLVD
SUITE 900
FT LAUDERDALE FL 33301
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 **59-2966690**

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

7. Name and Address of New Registered Agent

TAYLOR, TERRY
515 EAST LAS OLAS BLVD
SUITE 900
FT LAUDERDALE FL 33301

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **TAYLOR, TERRY**
STREET ADDRESS **515 EAST LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME **515 EAST LAS OLAS BOULEVARD, SUITE 900**
STREET ADDRESS **FORT LAUDERDALE, FLORIDA 33301**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CIENER, CAROL**
STREET ADDRESS **515 E LAS OLAS BLVD STE 900**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

TERRY TAYLOR

4-9-02

Date

954-527-4420

Daytime Phone #

CR2E034 (9/01)