

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56503

1. Entity Name

RICHARD B. TROUTMAN, P.A.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90007 043 ***150.00

Principal Place of Business

Mailing Address

1245 WEST FAIRBANKS AVE.
SUITE 500
WINTER PARK FL 32789

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SUITE 500
WINTER PARK FL 32789

A0012307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2992063**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LINDER, ROBERT C CPA
501 E JACKSON ST
SUITE 101
ORLANDO FL 32801

Name **Richard B. Troutman**
Street Address (P.O. Box Number is Not Acceptable)
1245 W. Fairbanks Avenue
City **Winter Park** FL Zip Code **32789**

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  DATE **1-18-01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | D TROUTMAN, RICHARD, B. 1245 W. FAIRBANKS AVE WINTER PARK FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 appendices, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

Date

Daytime Phone #

0057517

CR2E034 (10/00)