

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78690

1. Entity Name

COURT PROGRAMS OF NORTHERN FLORIDA, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90057 023 ***150.00

Principal Place of Business

6860 S. CAROLINE ST
#6
MILTON FL 32570
US

Mailing Address

6860 S. CAROLINE ST.
#6
MILTON FL 32570
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2A

Suite, Apt. #, etc.

2A

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0202015

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

ROTHBART, GLEN
6860 CAROLINE ST
STE 6
MILTON FL 32570

Name

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

Ste 2A

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

Glen Rothbart

Glen Rothbart, Pres

1/29/01

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, 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	PD	<input type="checkbox"/> Delete
NAME	ROTHBART, GLEN	
STREET ADDRESS	6860 CAROLINE ST STE 6	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTHBART, DAVID	
STREET ADDRESS	6860 CAROLINE ST STE 6	
CITY-ST-ZIP	PALM SPRINGS FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6860 Caroline St. Ste. 2A
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6860 Caroline St. Ste. 2A
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Glen Rothbart

Glen Rothbart, Pres

Date

1/29/01 850-626-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)