## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L83935** 1. Entity Name FORESIGHT SURVEYORS, INC. Principal Place of Business Mailing Address 14561-B 58TH STREET NORTH 14561-B 58TH STREET NORTH **CLEARWATER FL 33760-2808** CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

RICHARDS, DARRYL ATTY.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SUITE A **TAMPA FL 33601** 

(See criteria on back)

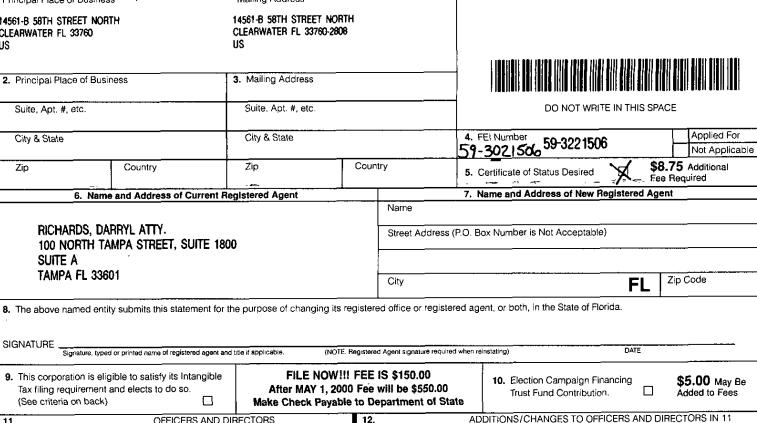
**SIGNATURE** 

100 NORTH TAMPA STREET, SUITE 1800

Signature, typed or printed name of registered agent and title if applicable

## FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90250 012 \*\*\*158.75



11.	OFFICERS AND DIRECTO	RS	12.	ADDITIONS/CHANGES TO OFFICERS AN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	DTS EBBERS, DOUGH J.	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
	· ·		STREET ADDRESS				
STREET ADDRESS	2452 CHANNING CIRCLE EAST		l ' }				
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP				
TITLE	EVP	☐ Delete	TITLE		Change	☐ Addition	
NAME	FERGUSON, TERRY D		NAME				
STREET ADDRESS	1148 MANDERLEE PL		STREET ADDRESS			{	
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP				
TITLÉ	P	☐ Delete	TITLE		Change	☐ Addition	
NAME	HYATT, RUSSELL P		NAME				
STREET ADDRESS	11023 8TH AVENUE EAST		STREET ADDRESS			]	
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP				
TITLE	DIVIDENTIAL COLUMN	Delete	TITLE	, A. C.	☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

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:** 

SIGNING OFFICER OR DIRECTOR NATURE AND TYPED OR PRINTED NAME O