

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000499

1. Entity Name

PROFESSIONAL BUSINESS PARTNERS OF WEST FLORIDA

Principal Place of Business

677 N. WASHINGTON BLVD.  
SARASOTA FL 34236

Mailing Address

677 N. WASHINGTON BLVD.  
SARASOTA FL 34236

2. Principal Place of Business

1133 FOURTH STREET

3. Mailing Address

1133 FOURTH STREET

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

6. Name and Address of Current Registered Agent

HOOVER, JOHN G

3402 WOOD OWL CIRCLE

BRADENTON FL 34210

4. FEI Number

62-1724615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100004334831--6  
-05/30/01--01089--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME HOOVER, JOHN G  
STREET ADDRESS 3402 WOOD OWL CIRCLE  
CITY-ST-ZIP BRADENTON FL 34210

TITLE MGRM ☐ Delete  
NAME HOOVER, JUDYANN M  
STREET ADDRESS 3402 WOOD OWL CIRCLE  
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-27-01 (941) 739-6252

CR2E083 (11/00)

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