

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90014 018 ***150.00

0354544

DOCUMENT # M17778

1. Entity Name

ABI COMPANIES, INC.

Principal Place of Business

4301 ANCHOR PLAZA PKWY
 SUITE 400
 TAMPA FL 33634
 US

Mailing Address

4301 ANCHOR PLAZA PKWY
 SUITE 400
 TAMPA FL 33634
 US

2. Principal Place of Business

4301 Anchor Plaza Pkwy.

Suite, Apt. #, etc.

400

City & State

Tampa, FL

Zip

33634

Country

United States

3. Mailing Address

4301 Anchor Plaza Pkwy

Suite, Apt. #, etc.

400

City & State

Tampa, FL

Zip

33634

Country

United States

ADDU...



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2556119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTER, CRAIG R.
 4301 ANCHOR PLAZA PKWY
 SUITE 400
 TAMPA FL 33634

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, WILLIAM	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	BOOTH, WILLIAM H. III	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAUER, F. BRUCE	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROOKS, JEFFREY	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HARTER, CRAIG R.	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARSAVES, LOUIS	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

1/9/01

Date

Daytime Phone #

CR2E034 (10/00)