

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90041 015 ***150.00

DOCUMENT # M83426

1. Entity Name

ROGERS & DAVIDSON, P.A.

Principal Place of Business

4739 NW 53 AVE
 GAINESVILLE FL 32601
 US

Mailing Address

4739 NW 53 AVE
 SUITE 405
 GAINESVILLE FL 32601
 US

2. Principal Place of Business

4739 NW 53 Ave

3. Mailing Address

Suite, Apt. #, etc.

A

City & State

Gainesville

City & State

Same

Zip

FL

Country

USA

Zip

32606

Country

USA

4. FEI Number **59-2884485**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDINGER, GARY
 1110 NORTH WEST SIXTH STREET
 912 N.E. 2ND STREET
 GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Bruce S Rogers MD

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

4739 NW 53 Ave

City

Suite A
 Gainesville

FL

Zip Code

32606

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

4/11/01

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

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **ROGERS, BRUCE J**
 CITY-ST-ZIP **4739 NW 53 AVE**
GAINESVILLE FL 32606

TITLE ☐ Delete
 NAME **TV**
 STREET ADDRESS **ROGERS, BRUCE J**
 CITY-ST-ZIP **4739 NW 53 AVE**
GAINESVILLE FL 32606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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

4/10/01

Date

352 3719847

Daytime Phone #

CR2E034 (10/00)