

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97752

1. Entity Name

RONALD E. OSTRANDER, P.A.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90056 007 \*\*\*150.00

Principal Place of Business

Mailing Address

7000 48TH ST., NORTH  
PINELLAS PARK FL 33781  
US

7000 48TH ST., NORTH  
PINELLAS PARK FL 33781-4409  
US

C0006794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0084004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OSTRANDER, RONALD  
7000 48TH ST., NORTH  
PINELLAS PARK FL 34665

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, 2000 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  
NAME OSTRANDER, RONALD E.  
STREET ADDRESS 7000 48TH ST., NORTH  
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

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

TITLE STD  
NAME OSTRANDER, RONALD E.  
STREET ADDRESS 7000 48TH ST., NORTH  
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, changed, or on an attachment with an address, with an officer like empowered.

on 119.07(3)(i), Florida Statutes. I further certify that the information has the legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 (727) 522-6600

CR2E034 (9/99)