

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N25870**

1. Entity Name

FLORIDA BUSINESS DEVELOPMENT FUND, INC.

Principal Place of Business

Mailing Address

502 E. JEFFERSON ST.

502 E. JEFFERSON ST.

TALLAHASSEE

FL

TALLAHASSEE

FL

32301

US

32301

US

2. Principal Place of Business

1530 METROPOLITAN BLVD

3. Mailing Address

1530 METROPOLITAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

FL

City & State

TALLAHASSEE

FL

Zip

32308

Country

US

Zip

32308

Country

US

4. FEI Number

59-2903861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATERMEIER JANET
2180 W. 1ST ST.
SUITE 306
FT. MYERS
33901 **US**

FL

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.)

04/26/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BOBROFF MICHAEL L.**
STREET ADDRESS **200 E. ROBINSON STREET, SUITE 600**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **TAMERRINO FRANK**
STREET ADDRESS **1819 MAIN ST, STE 240**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **KEATON MARSH**
STREET ADDRESS **390 N. ORANGE AVE, #1300**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **CD** ☐ Delete
NAME **WATERMEIER JANET**
STREET ADDRESS **2180 W. 1ST ST., #306**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **BOBROFF MICHAEL L.**
STREET ADDRESS **301 E. PINE ST., SUITE 900**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ Change ☐ Addition
NAME **TAMERRINO FRANK**
STREET ADDRESS **106 W. 6TH ST.**
CITY-ST-ZIP **COLUMBIA TN 38402**

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.