

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007622

1. Entity Name

HERBERT G. GOLDBURG CRIMINAL LAW AMERICAN INN OF COURT, INC.

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90188 027 ****61.25

Principal Place of Business

Mailing Address

707 N FRANKLIN STREET
SUITE 700
TAMPA FL 33602

707 N FRANKLIN STREET
SUITE 700
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

707 N. Franklin Street

P.O. Box 1872

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
USA

Zip
33601

Country
USA

4. FEI Number

59-3640234

Applied For

Not Applicable

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

ATKINSON, LEE W
2655 MCCORMICK DRIVE
CLEARWATER FL 33759

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD P/D ☐ Delete
NAME FITZGIBBONS, JOHN M
STREET ADDRESS 707 N FRANKLIN STREET, STE 700
CITY-ST-ZIP TAMPA FL 33602

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

TITLE VP V/D ☐ Delete
NAME TROMBLEY, GARY R
STREET ADDRESS 707 N FRANKLIN STREET 10TH
CITY-ST-ZIP TAMPA FL 33602

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

TITLE SD S/D ☐ Delete
NAME TRAGOS, GEROGE E
STREET ADDRESS 600 CLEVELAND STREET, STE 700
CITY-ST-ZIP CLEARWATER FL 33755

TITLE S/D ☒ Change ☐ Addition
NAME Tragos, George E.
STREET ADDRESS 600 Cleveland Street, Ste 700
CITY-ST-ZIP Clearwater FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 727-441-9030

Date

Daytime Phone #

CR2E037 (9/01)