

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90042 017 ***150.00

DOCUMENT # P00000058553

1. Entity Name

THE VIA GROUP, INC.

Principal Place of Business

Mailing Address

**501 E KENNEDY BLVD. STE 175-C
 TAMPA FL 33602**

**501 E KENNEDY BLVD. STE 175-C
 TAMPA FL 33602**

2. Principal Place of Business

2111 N. ALBANY AVE.

3. Mailing Address

2111 N. ALBANY AVE.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3653567

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

**STONESTREET, DAPHNE
 150 S HWY 17-92 STE 3
 DEBARY FL 32713**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MOORE, JAMES A PHD, AIA**
 CITY-ST-ZIP **501 E KENNEDY BLVD, STE 175-C
 TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **MOORE, JAMES A PHD, AIA**
 CITY-ST-ZIP **2111 N. ALBANY AVE, SUITE 300
 TAMPA, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **SIMMONS, RICHARD B**
 CITY-ST-ZIP **2111 N. ALBANY AVE., SUITE 300
 TAMPA, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **WHIDDON, RANDI L.**
 CITY-ST-ZIP **2111 N. ALBANY AVE., SUITE 300
 TAMPA, FL 33607**

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

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

Date

Daytime Phone #

RICHARD B. SIMMONS, TREASURER 04.08.01 813.254.6284

CR2E034 (10/00)