

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082486

1. Entity Name

RAMBOZE, NC.

N/C
filed
11/17/00
hxm

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90119 045 ***150.00

Principal Place of Business

100 SECOND AVE SO.
SUITE 102

Mailing Address

SAME

ST. PETERSBURG, FL 33701

00000100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3673740

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

7. Name and Address of New Registered Agent

PETER FORD
737 PINELLAS BAYWAY SO.
TIERRA VERDE, FL 33715

Name BEN E. FISHER

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

100 SECOND AVE SO., SUITE 102

City ST. PETERSBURG

FL

Zip Code 33701

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]

4-19-01

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 CHAIRMAN & CEO
NAME WILLIAM O BOZEMAN III
STREET ADDRESS 8022 STIMIE AVE N.
CITY-ST-ZIP ST. PETERSBURG, FL 33710

☐ Delete

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

TITLE
NAME BEN E. FISHER
STREET ADDRESS SECY/TREASURER
CITY-ST-ZIP 720 BRIGHTWATERS BLVD NE
ST. PETERSBURG, FL 33704

☐ Delete

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

TITLE DIRECTOR - GENERAL COUNSEL
NAME DAVID A GATCHELL
STREET ADDRESS 11310 THONOTOSASSA RD.
CITY-ST-ZIP THONOTOSASSA, FL 33592

☐ Delete

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

TITLE DIRECTOR - CHIEF INS. OFFICER
NAME ROBERT C BOZEMAN
STREET ADDRESS 6400 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

☐ Delete

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

TITLE DIRECTOR
NAME RICHARD STENNON
STREET ADDRESS 4890 FAIRCOURT
CITY-ST-ZIP WEST BLOOMFIELD, MI 48322

☐ 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 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 information.

SIGNATURE: BEN E. FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

727-870-0214

Date

Daytime Phone #

CR2E034 (11/00)