

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P00000110355

1. Entity Name

SCARBOROUGH LAW GROUP P.A.

02 OCT -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800008316128--3

-10/11/02--01003--003

\*\*\*\*550.00 \*\*\*\*550.00

2. Principal Place of Business

609 W. DeLeon ST.

Suite, Apt. #, etc.

3. Mailing Address

609 W. DeLeon ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3684519

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HOPEN, ANTON J. ESQ.

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

15950 BAY VISTA DR., STE. 220

SMITH & HOPEN, P.A.

City

CLEARWATER

FL

Zip Code

33760

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IN THIS SPACE

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)

☒

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD  
NAME SCARBOROUGH, MATTHEW C.  
STREET ADDRESS 4405 CHARLESTON COURT  
CITY-STATE-ZIP TAMPA, FL 33609

TITLE CEO  
NAME SCARBOROUGH, MATTHEW C.  
STREET ADDRESS 4405 CHARLESTON COURT  
CITY-STATE-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 name 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 on an attachment with an address, with another like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-30-02 813-253-0097

CR2E034B (12/01)

DO NOT WRITE  
IN THIS SPACE

10/8/02

October 2, 2002

Uniform Business Report  
Division of Corporations  
P.O Box 1500  
Tallahassee FL 32302-1500

Re: Amended Not for Profit Uniform Business Report(UBR)  
Entity: Dzogchen Buddhist Society of Florida Inc.  
Document # N44704

Dear Sir/Madam,

Enclosed is an Amended Uniform Business Report (UBR) for the above entity. Also enclosed is a check in the amount of \$61.25 payable to the Department of State for this filing.

Additionally, enclosed are documents previously sent to the Department of State showing a change in the registered agent and resignation of the previous treasurer, Thomas DiFiore. The amendments on the UBR reflect these changes and a change of mailing address. Thank you for your cooperation.

Sincerely,



Christine Hale  
Treasurer,  
Dzogchen Buddhist Society Inc.