

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116401

1. Entity Name

SAFFIOTI & HOOGLAND, P.A.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90016 006 \*\*\*150.00

Principal Place of Business

37 N. ORANGE AVE., #500  
ORLANDO FL 32801

Mailing Address

37 N. ORANGE AVE., #500  
ORLANDO FL 32801

2. Principal Place of Business

1516 E. Hillcrest St.

Suite, Apt. #, etc.

Suite 108

City & State

Orlando, FL

3. Mailing Address

P.O. Box 536520

Suite, Apt. #, etc.

City & State

Orlando

Zip

32803

Country

USA

Zip

32853-6520

Country

USA

4. FEI Number

59-3689385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOOGLAND, ROBERT F  
139 OLIVE TREE CIR.  
ALTAMONTE SPRINGS FL 32714

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)

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

TITLE P  
NAME SAFFIOTI, GERALD R JR  
STREET ADDRESS 37 N. ORANGE AVE., #500  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE VST  
NAME HOOGLAND, ROBERT F  
STREET ADDRESS 37 N. ORANGE AVE., #500  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1516 E. Hillcrest St., Ste.108  
CITY-ST-ZIP Orlando, FL 32803 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 139 Olive Tree Circle  
CITY-ST-ZIP Altamonte Springs, FL 32714 ☒ Change ☐ Addition

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

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

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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. HOOGLAND, V.P.

Date

4/5/01 407-862-6193

Daytime Phone #

CR2E034 (10/00)