

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 035 ***150.00

DOCUMENT # **PO1000113912** ✓
1. Entity Name
Campbell - Palmer Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 S. Washington Blvd
Suite, Apt. #, etc.
2
City & State
Sarasota, FL
Zip
34236 Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
Same
City & State
SAME
Zip
Country

4. FEI Number
26-2418491
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301 2525

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P Luhren, Jeffrey A. 200 S Washington Blvd Suite 2 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Luhren, Julie S. 200 S. Washington Blvd Suite 2 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP/T Bauer, Matthew J. 200 S. Washington Blvd Suite 2 Sarasota, FL 34236
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IN THIS SPACE**

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 on an attachment with an address, with another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)