

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003045

1. Entity Name

ROGER H. BROOKS, A.P., P.A.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90028 012 ***150.00

Principal Place of Business

2499 W GLADES
STE 3000
BOCA RATON FL 33431
US

Mailing Address

ROGER H BROOKS
22606 MERIDIANA DR
BOCA RATON FL 33433-6328
US

2. Principal Place of Business

10 FAIRWAY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 105

City & State

DEERFIELD BEACH

City & State

Zip

FL BROWARD

Zip

33441

Country

USA

4. FEI Number

65-0381393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, ROGER H
5458 TOWN CENTER ROAD #3
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name ROGER H BROOKS

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

10 FAIRWAY DRIVE
SUITE 105

City

DEERFIELD BEACH

FL

Zip Code

33441

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, 2000 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 D ☐ Delete
NAME BROOKS, ROGER H
STREET ADDRESS 22606 MERIDIANA DR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME BROOKS, CHARLES E
STREET ADDRESS 801 CASTLEWOOD TERRACE
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 #

4/18/00

561-150-2144

CR2E034 (9/99)