

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90033 036 ***150.00

DOCUMENT # P93000087683

1. Corporation Name

THE UMBRELLA GROUP OF FLORIDA, INC.

Principal Place of Business

2891 CENTER POINT DR.
SUITE 207
FT. MYERS FL 33916

Mailing Address

PO BOX 61526
FT MYERS FL 33906
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1993

4. FEI Number

65-0455937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ROBERTSON, SCOTT D
9387 WINDLAKE DRIVE
~~SUITE 207~~
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

ROBERTSON, SCOTT D.

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

9387 WINDLAKE DR

83

84 City

FT. MYERS

FL

85 Zip Code

33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROBERTSON, SCOTT D
STREET ADDRESS 9387 WINDLAKE DRIVE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☒ DELETE

NAME ROBERTSON, LESLEY A
STREET ADDRESS 9387 WINDLAKE DRIVE
CITY-ST-ZIP FT. MYERS FL

TITLE ☒ DELETE

NAME REYNOLDS, MICHELLE D
STREET ADDRESS 9459 CORALEE AVENUE
CITY-ST-ZIP ESTERO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VSD
1.3 STREET ADDRESS PHILIP A. COHEN
1.4 CITY-ST-ZIP 1701 VESTAL DR
CORAL SPRINGS FL 33071

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ANNA MARIA GILL
2.3 STREET ADDRESS 6387 NW 20TH COURT
2.4 CITY-ST-ZIP MARLBOROUGH, FL 33069

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2.99

Date

941-278-3850 x11

Daytime Phone #

CRZE034 (11/98)

0448055