

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 018 ***150.00

DOCUMENT # P93000087683

1. Entity Name

THE UMBRELLA GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

PO BOX 61526
 FT MYERS FL 33916-9456
 US

00004633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2891 CENTER POINT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

City & State

FT. MYERS, FL

4. FEI Number

65-0455937

Applied For

Not Applicable

Zip

Country

Zip

Country

33916

LEE

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

18151 OLD DOMINION CT

City

FORT MYERS

FL

Zip Code

33908

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 ROBERTSON, SCOTT D
 9387 WINDLAKE DRIVE
 FT. MYERS FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 ROBERTSON, SCOTT D
 18151 OLD DOMINION COURT
 FT. MYERS, FL 33908 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VSD
 COHEN, PHILIP A
 1701 VESTAL DR
 CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 GILL, ANNA M
 6387 NW 20TH CT
 MARGATE FL 33068 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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: SCOTT D ROBERTSON 1-5-00 941-2783650 x11
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)