

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 015 ***150.00

DOCUMENT # P93000087683

1. Entity Name

The Umbrella Group of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2891 Centre Point Drive

3. Mailing Address
2891 Centre Point Drive

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

DO NOT WRITE IN THIS SPACE

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number
65-0525302

Applied For

Not Applicable

Zip
33916

Country
- USA

Zip
33916

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Scott Robertson

Street Address (P.O. Box Number is Not Acceptable)
2891 Centre Point Drive

Suite 207

City **Ft. Myers,** **FL** Zip Code **33916**

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
CEO and Director
Staudt, Thomas
20 Horseneck Lane
Greenwich, CT 06830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
Ryan, Michael
20 Horseneck Lane
Greenwich, CT 06830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Lowitz, Julie
20 Horseneck Lane
Greenwich, CT 06830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
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 all other like empowered.

SIGNATURE: Michael Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (203) 869-7772

Date

Daytime Phone #

CR2E034B (12/01)