

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90029 050 ***150.00

DOCUMENT # P94000000281

1. Entity Name

VROSS & COMPANY, P.A.

Principal Place of Business

**950 S TAMiami TRAIL #204
 SARASOTA FL 34236**

Mailing Address

**950 S TAMiami TRAIL #204
 SARASOTA FL 34236-7818**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0456502

Applied For

Not Applicable

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

**VROSS, A GERALD
 1741 PEREGRINE POINT DR
 SARASOTA FL 34231**

Name **VROSS, A GERALD**

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

950 S. TAMiami TRAIL, Suite 204

City **SARASOTA**

FL

Zip Code **34236**

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 **D** ☐ Delete
 NAME **VROSS, A GERALD**
 STREET ADDRESS **4109 MOSS OAK PLACE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D P T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D VP** ☐ Change ☒ Addition
 NAME **H Edward McLeod**
 STREET ADDRESS **4805 76th Court East**
 CITY-ST-ZIP **Bradenton, FL 34203**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D S** ☐ Change ☒ Addition
 NAME **Tracey A. Ross**
 STREET ADDRESS **6447 Friendship Drive**
 CITY-ST-ZIP **Sarasota, FL 34241**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 #

02-18-00 941-952-0888

CR2E034 (9/99)