

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004438

1. Entity Name

NORTHSTAR FINANCIAL GROUP, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90384 029 ***150.00

Principal Place of Business

Mailing Address

4048 W. KENNEDY BLVD
SUITE 655
TAMPA FL 33609

4048 W. KENNEDY BLVD.
PMB 655
TAMPA FL 33609-2750
US

2. Principal Place of Business

1815 Sunrise Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33760

Country

U.S.A.

Zip

Country

4. FEI Number

59-3309046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, ANNETTE L
1815 SUNRISE BLVD
SUITE 655
CLEARWATER FL 33760

Name

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

Please delete "suite 655"

City

FL

Zip Code

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 ☐ Delete
NAME D
STREET ADDRESS LAWRENCE, ANNETTE
CITY-ST-ZIP 1815 SUNRISE BLVD
CLEARWATER FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

ANNETTE L. LAWRENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

727 530-4282

Daytime Phone #

CR2E034 (9/99)