

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086668

1. Entity Name

COOK & KOCH, P.A.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90097 026 \*\*\*150.00

Principal Place of Business  
ONE HARBOUR PLACE, SUITE 200  
777 SOUTH HARBOUR ISLAND BOULEVARD  
TAMPA FL 33602

Mailing Address  
ONE HARBOUR PLACE, SUITE 200  
777 SOUTH HARBOUR ISLAND BOULEVARD  
TAMPA FL 33602

2. Principal Place of Business  
*One Tampa City Center*  
Suite, Apt. #, etc.  
*3010*

3. Mailing Address  
*One Tampa City Center*  
Suite, Apt. #, etc.  
*3010*

City & State  
*TAMPA, FL*

City & State  
*TAMPA, FL*

Zip  
*33602*

Country  
*USA*

Zip  
*33602*

Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3286136** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
COOK, RONALD D  
777 SOUTH HARBOUR ISLAND BLVD.  
STE 200  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
Name *Ronald D. Cook*  
Street Address (P.O. Box Number is Not Acceptable)  
*One Tampa City Center, Suite 3010*  
*201 North Franklin Street*  
City *TAMPA* FL Zip Code *33602*

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 *Ronald D. Cook* President, Secretary and Director 1/11/2001  
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. ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 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 COOK, RONALD D <del>777 SO HARBOUR ISLAND BLVD., STE 200</del> TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>One Tampa City Center, Suite 3010</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KOCH, STEPHEN A <del>777 SO HARBOUR ISLAND BLVD., STE 200</del> TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>One Tampa City Center, Suite 3010</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald D. Cook* 1/11/2001 (813) 292-1259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)