

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016387

1. Entity Name

F. C. FOGG MANAGEMENT, P.A.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90184 026 ***150.00

Principal Place of Business

Mailing Address

525 JOHNS PASS AVE.
MADEIRA BEACH FL 33708

525 JOHNS PASS AVE.
MADEIRA BEACH FL 33772-5638

00003425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7143 120th St. N.

7143 120th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

Seminole, FL

4. FEI Number

59-3304637

Applied For

Not Applicable

Zip

Country

33772

Zip

Country

33772

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

FOGG, FREDERICK C
525 JOHNS PASS AVE.
MADEIRA BEACH FL 33708

Name

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

7143 120th St. N.

City

Seminole

FL

Zip Code

33772

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	<input checked="" type="checkbox"/> Delete
NAME	FOGG, FREDERICK C	
STREET ADDRESS	525 JOHNS PASS AVE.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fogg, Frederick C	
STREET ADDRESS	7143 120th St. N	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frederick C Fogg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

Daytime Phone #

727-393-0899

CR2E034 (9/99)