

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080520

1. Entity Name

THE BROCK GROUP, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90272 025 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2100 CONSTITUTION SQUARE~~  
~~SUITE 105~~  
~~SARASOTA FL 34231~~  
~~US~~

~~2100 CONSTITUTION SQUARE~~  
~~SUITE 105~~  
~~SARASOTA FL 34231-4106~~  
~~US~~

2. Principal Place of Business

6360 S. TAMIAH TRAIL  
Suite, Apt. #, etc.

3. Mailing Address

6360 S. TAMIAH TRAIL  
Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA FL 34231

4. FEI Number

65-0622723

Applied For

Not Applicable

Zip

34238

Country

USA

Zip

Country

USA

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

ROSENBAUM, LYNN

2100 CONSTITUTION SQUARE 4307 WINNERS CIRCLE  
SUITE 105  
SARASOTA FL 34231

Name

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

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 ROSENBAUM, LYNN  
CITY-ST-ZIP 34231-4106 4307 WINNERS CIRCLE  
OSPREY FL 34209 SARASOTA FL 34238

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)