

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90066 010 \*\*\*150.00

DOCUMENT # P95000091968

1. Entity Name  
ROOT FINANCIAL, INC.

Principal Place of Business  
275 CLYDE MORRIS BLVD  
ORMOND BEACH FL 32174

Mailing Address  
275 CLYDE MORRIS BLVD  
ORMOND BEACH FL 32174

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 59-3346047

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

VOGES, WILLIAM J  
275 CLYDE MORRIS BLVD  
ORMOND BEACH FL 32174

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, 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 D  
NAME ROOT, CHAPMAN J II  
STREET ADDRESS 275 CLYDE MORRIS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE Director  
NAME John S. Root  
STREET ADDRESS 275 Clyde Morris Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE AS  
NAME JONES, VICKY  
STREET ADDRESS 275 CLYDE MORRIS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE DP  
NAME VOGES, WILLIAM J  
STREET ADDRESS 275 CLYDE MORRIS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE VT  
NAME DITTBENNER, EILEEN  
STREET ADDRESS 275 CLYDE MORRIS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE S  
NAME PETERS, MELISSA  
STREET ADDRESS 275 CLYDE MORRIS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE D  
NAME ROOT, WILLIAM S  
STREET ADDRESS 275 CLYDE MORRIS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Voges, President 2/12/01

Date

Daytime Phone #

904-671-4888

CR2E034 (10/00)